

## Application for a Letter of Permission

**Student Name:**

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**Student Number:**

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**Contact Information:**

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**Title of Desired Course:**

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**Institution with Desired Course:**  
(i.e., Emmanuel, TST)

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**Address of Institution:**

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**Name of Registrar:**

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**Instructor Name:**

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**Reason for Requesting Letter of  
Permission:**

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**Applicable Term / Session:**  
(i.e., Term 2 / 2008-2009)

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**Student Signature:**

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**Date of Request:**

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*On separate pages, please attach the proposed course outline.  
Attach this cover page to the course outline and submit it to the Registration Office  
for processing and approval. Letters of Permission may not be processed without it.*

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**FOR OFFICE USE ONLY:**

**Approval of Registrar:**

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**Registration Course Code:**

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