

Student Name:

Student Number:

Student Contact Information:

Course Code and Title:

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

**Address of Institution:
(include fax number)**

**Name of Registrar (include
email address):**

Instructor Name:

**Reason for Requesting Letter
of Permission:**

**Applicable Term / Session:
(i.e., Term 2 / 2010-2011)**

Student Signature:

Date of Request:

*On separate pages, please attach the proposed syllabus.
Attach this cover page to the syllabus and submit it to the Student Records Office
for processing and approval. Letters of Permission will not be processed without it.*

FOR OFFICE USE ONLY:

Approval of Academic Dean: _____ **Date:** _____

Assigned Course Code: _____