



Letter of Permission Request Form

STUDENT ID NUMBER

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Please print clearly and complete all sections.

For Office Use Only:

SPONSORING CLIENT ID NUMBER

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REFERENCE NUMBER

REFERENCE NUMBER

General Information

Name: Last First Middle

Telephone Residence: () area code

Former Name: Last First Middle

Telephone Business: () area code

Mailing Address:

Fax Residence: () area code

City/Town:

Fax Business: () area code

Province/State: Postal/Zip Code:

E-mail Business:

Country:

E-mail Residence:

Letter of Permission approval requested for:

Transfer Credit requested as:

Session: Month/Year

a replacement for

Course Name and Number:

an elective for CIS Program MAIS

HERM

Institution:

Letter of Permission required for institution noted above.

Letter of Permission NOT required for institution noted above.

Note: This request and required fees must be submitted to Athabasca University no later than one month before the registration deadline at the receiving institution.

Fee enclosed (Please note post-dated cheques are not accepted).

Cheque (attached) Credit Card

Course Outline enclosed.

The personal information collected on this form will be used for the purpose of processing your request for a letter of permission. This information is collected under the authority of section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act. The collection of this personal information is necessary for operating and administrating the services of the Office of the Registrar. If you have any questions about the collection and use of this information, contact the FHSS Graduate Centre, Athabasca University, 1 University Drive, Athabasca, AB T9S 3A3 Telephone: 1-780-675-6792.

Signature: Date:

Mail, fax or deliver the completed form and fees to: FHSS Graduate Centre Athabasca University 1 University Drive Athabasca, Alberta T9S 3A3 Canada Telephone: 1-800-788-9041 (ext. 6792) Fax: 1-780-675-6921

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Approval Granted: Date: Authorized By: