

Last Name:

Student ID Number:

First Name:

Phone Number:

Email Address:

Program:

Letter of Permission approval requested for:

Course Name and Number:

Course outline enclosed/attached

Session:

Institution Name and Address:

NOTE: *This request must be submitted to Athabasca University no later than one month prior to the registration deadline at the receiving institution.*

Transfer Credit requested as:

An elective for

program

A replacement for

Please see our website for updated Letter of Permission fee information.

Please **direct your completed form** and any questions you may have to fhdgradadvising@athabascau.ca.**PAYMENT:** Electronic Funds Transfer information can be found on line at:<http://registrar.athabascau.ca/enrolment/etransfer/index.php>. Your form will be processed once our office receives confirmation that the required **payment has been received by our Finance** department. For information on fees, see the current Athabasca University Graduate Student Calendar.**Please do not submit your payment until the amount has been confirmed by your Academic Advisor.**

Student Signature: _____

Date: _____

FOR UNIVERSITY OFFICE USE ONLY:

Approval Granted: Date: Authorized by: