

REFERENCE NUMBER:

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. The fee must accompany this request.

Cheque attached (Payable to Athabasca University)

Credit Card (Click here for [Credit Card Payment Form](#))

Please direct your completed form and any questions you may have to us at:

Faculty of Health Disciplines
Athabasca University
1 University Drive
Athabasca, AB T9S 3A3

Email: fhgradadvise@athabascau.ca
Fax: 780-675-6468

Student Signature: _____

Date: _____

FOR UNIVERSITY OFFICE USE ONLY:

Approval Granted: Date: Authorized by: