

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.

Please direct your completed form and any questions you may have to fhdgradadvise@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: