

## Centre for Nursing and Health Studies

## GRADUATE PROGRAMS Letter of Permission Request Form

STUDENT ID NUMBER

REFERENCE NUMBER

Please print clearly and complete	e all sections.	REFERENCE NUMBE
Name:	Program:	
Address:	Telephone Residence:	
City/Town:	Telephone Business:	
Province/State: Posta1/Zip C	ode:	
Country:		
Letter of Permission approval re	equested for:	
Course Name and Number:		
Course outline enclosed/attached	Session:	
Institution and Address:		
NOTE: This request must be submitted to Athabasca Uni Transfer Credit requested as:	versity no later than one month before the registration de	eadline at the receiving institution.
an elective for	Program	
a replacement for:	mber of courses at AU	
	of Permission requested. The fee must	accompany this request.
Fee enclosed (Note: Post-dated che	eques are not accepted.)	
Cheque (attached)	redit card (Go to fhd.athabascau.ca/resources/for	rms/index.php) for charge form).
Mail, fax or deliver the completed form to:	Graduate Programs Centre for Nursing and Health Studies Athabasca University 1 University Drive Athabasca AB T9S 3A3 Canada	Phone: 1-800-788-9041 extension 6818 Fax: 780-675-6468
The personal information collected on this form will be us	sad for the number or processing your request for a lette	r of permission and is collected under the

authority of section 33 (c) of the Alberta Freedom of Information and 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 Centre for Nursing and Health Studies, Athabasca University, 1University Drive, Athabasca, AB T9S 3A3 Telephone: (780) 675-6735.

Date:

FOR UNIVERSITY OFFICE USE ONLY

Student's Signature:

Approval Granted: Date: Authorized by: