SAINT MARY'S UNIVERSITY SINCE 1802

One University. One World. Yours.

LETTER OF PERMISSION

HALIFAX, CANADA B3H 3C3

PLEASE NOTE

THIS REQUEST TO STUDY OFF CAMPUS MUST BE ACCOMPANIED BY A DETAILED DESCRIPTION FOR EACH COURSE INCLUDED BELOW. THE RELEVANT PORTION OF THE SUMMER SCHOOL BROCHURE OR ACADEMIC CALENDAR IS THE MOST EFECTIVE WAY OF PROVIDIDNG THIS REQUIRED DATA.

CAUTION: THIS FORM DOES NOT GUARANTEE ADMISSION TO HOST INSTITUTION. YOU MUST COMPLY WITH THE APPLICATION/REGISTRATION PROCESS OF THAT INSTITUTION.

Surname _____ Given Name(s) _____ Student # _____

Mailing Address _____

City/Town _____ Province/State/County _____ Postal Code _____

Telephone _____ Date of Birth (day/mo/year) _____

Degree Program at Saint Mary's University _____ Graduation Expected: Spring _____ year Fall _____ year

Host Institution _____ College/Campus (if applicable) _____

Prior Registration at Host Institution: Yes ☐ No ☐ If yes, when? _____

Session Applied For: Academic Year 20 _____/20 _____ or Summer Session I, 20_____ or Summer Session II, 20_____

Courses Applied For:

1. _____
Course Number Course Title Credit Value SMU Equivalent

2. _____
Course Number Course Title Credit Value SMU Equivalent

3. _____
Course Number Course Title Credit Value SMU Equivalent

4. _____
Course Number Course Title Credit Value SMU Equivalent

RESPONSIBILITY FOR TUITION FEES AND RELATED EXPENSES FOR THE ABOVE COURSE(S) IS THE STUDENT'S. SAINT MARY'S UNIVERSITY WILL NOT BE RESPONSIBLE FOR THESE PAYMENTS.

IN ACCEPTING THIS LETTER OF PERMISSION, THE STUDENT UNDERSTANDS THAT THE MARK FOR THE ABOVE COURSE(S) WILL BE ADDED TO HIS/HER SAINT MARY'S UNIVERSITY RECORD.

Student's Signature _____ Date _____

FOR OFFICIAL USE ONLY

Sent to Dean on _____ Approval Granted: Yes ☐ No ☐

Dean's Signature _____ Dean's Comments: _____

For the Service Centre _____

Date _____

Revised 22/07/10