



LETTER OF PERMISSION

STUDENT INFORMATION

Surname: _____ Birth Date (Mm/Dd/Year): _____ / _____ / _____

Given Names: _____ Uw Student Number: _____

Email: _____

Permanent Home Address: _____
No. and Street City/Town Prov/State Country Postal Code

HOME UNIVERSITY INFORMATION

Name of Institution _____ Address: _____

Contact Person, Title: _____ Email: _____ Phone: _____

PROGRAM

VISITING: COLLEGE CONTACT IEC ONLINE VISITING (other): _____

EXCHANGE: University or Program: _____

This is to confirm that _____ (student) has been given permission to take the following course(s) at The University of Winnipeg during the academic year 2012-2013 for degree credit at _____ (HOME UNIVERSITY).

Term(s) registering for and the number of courses requested per term:

FALL 2012 (Sept.–Dec.) 3 courses 4 courses 5 courses

WINTER 2013 (Jan.–Apr.) 3 courses 4 courses 5 courses

Fall Term ("F") courses run from Sept–Dec (3 credit hours). Winter Term ("W") courses run from Jan–Apr (3 credit hours). Fall/Winter (FW) courses run over both terms, from Sept–Apr and are worth 6 credit hours. **Instructions:** List courses in order of preference, with the most important course listed on the first PREF line, then on the second PREF line, etc. Then, on the ALT line, fill in an alternate selection for each PREF course. If the student cannot be registered in the preferred section, the student will be put in the alternative choice.

Entry No.	TERM e.g. FW, F, W	COURSE NUMBER e.g. SOC-1101-001	CR HRS e.g. 3/6	COURSE TITLE e.g. Intro to Sociology	DAY(S) e.g. M, T, W, Th, F	TIME(S) e.g. 8:30-9:20	Lab Section PREF.		
1	PREF. ALT.								
2	PREF. ALT.								
3	PREF. ALT.								
4	PREF. ALT.								
5	PREF. ALT.								
6	PREF. ALT.								
7	PREF. ALT.								
8	PREF. ALT.								
9	PREF. ALT.								
10	PREF. ALT.								

Yours truly,

Date: _____

University Seal

Name and Title