

**THE UNIVERSITY OF WINNIPEG
FACULTY OF THEOLOGY**

**REQUEST TO TAKE A COURSE AT
ANOTHER INSTITUTION**

DATE: _____

NAME: _____

ADDRESS: _____

PHONE: (home) _____ (work) _____

DEGREE PROGRAM: MA MDiv STM ICPO BTH CinT

FULL NAME AND ADDRESS OF INSTITUTION TO BE ATTENDED:

1) IN WHAT SESSION DO YOU WISH TO REGISTER? Summer 20____(taken anytime from May-Aug)
Fall/Winter 20____(taken anytime from Sept-Apr)

2) FOR HOW MANY COURSES DO YOU INTEND TO REGISTER? _____

3) WILL YOU BE APPLYING TO GRADUATE FOLLOWING THE COMPLETION OF THIS ACADEMIC
SESSION? Yes No

PAYMENT (\$60.00): CASH CHEQUE

I WOULD LIKE THE LETTER OF PERMISSION TO BE : Picked up Mailed to:
Home Address
Institution

List course(s) to be completed at host Institution:

U of W Equivalent - Office Use Only:

1) # _____

1) # _____

Title _____

Title _____

2) # _____

2) # _____

Title _____

Title _____

3) # _____

3) # _____

Title _____

Title _____

4) # _____

4) # _____

Title _____

Title _____

5) # _____

5) # _____

Title _____

Title _____

NOTE: No letters of permission will be issued to students with overdue fee accounts.

You must allow a minimum of 10 working days for The Faculty of Theology to process this request.

PLEASE RETURN TO:

**The University of Winnipeg / Faculty of Theology / 515 Portage Ave / Wpg., MB R3B 2E9
(204) 786 – 9390/9320 / Toll Free (North America): (800) 679 – 8496 / fax: (204) 772 – 2584
e-mail: theology@uwinnipeg.ca / website: theology.uwinnipeg.ca**

Date Approved: _____

Approved By: _____

OFFICE USE ONLY

Amount Paid: _____

Date Payment Received: _____

Method of Payment: _____

Initials: _____