



APPLICATION FOR LETTER OF PERMISSION

Name					Student No.	
Program		Entry Year/Term		UCN email address		
Address					Land Line No.	
	<i>PO Box/Street No.</i>	<i>City/Town</i>	<i>Prov</i>	<i>Postal Code</i>	Cell Phone No.	

Name/Address of Visiting Institution:

Faculty of Education Only:	
<input type="checkbox"/> Breadth Requirement	_____
<input type="checkbox"/> Major Teachable	_____
<input type="checkbox"/> Minor Teachable	_____
Dean Signature/Date:	

Student Signature _____ **Date** _____

					OFFICE USE ONLY			
Course(s) Requested					UCN TRANSFER CREDIT DETAILS			
Course Code	Course Title	Cr Hrs	Start Date	End Date	Course Code	Course Title	Cr Hrs	
								<input type="checkbox"/> Approved <input type="checkbox"/> Denied
								<input type="checkbox"/> Approved <input type="checkbox"/> Denied
								<input type="checkbox"/> Approved <input type="checkbox"/> Denied

Signature of Dean _____ Date _____ Page No. 1 of _____

Personal information collected on this form will be utilized by the University College of the North for registration and student records purposes. Your personal information is protected under the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection and use of this information, please contact FIPPA Coordinator, Box 3000, University College of the North, The Pas MB, R9A 1M7, (204) 627-8500.

OFFICE USE ONLY: PROCESS SEQUENCE					
	Academic Advisor	Enrolment Services Advisor	Dean	Assessment Officer	
Date and Initial					