



ST. THOMAS UNIVERSITY

Fredericton, NB

E3B 5G3

Phone: 506-452-0530

Fax: 506-452-7706

Letter of Permission  
For Off-campus Study

Last Name:	<input type="text"/>	First Name:	<input type="text"/>
Student ID:	<input type="text"/>		
Address:	<input type="text"/>		
Postal Code:	<input type="text"/>		
E-mail:	<input type="text"/>	Phone:	<input type="text"/>

Please complete a separate form for each semester

Academic Year (eg. 2011-2012)	<input type="text"/>	Semester:		
		S1 (Sept.-Dec.)	<input type="checkbox"/>	I1 (May-June) <input type="checkbox"/>
		S2 (Jan.-Apr.)	<input type="checkbox"/>	I2 (July-Aug.) <input type="checkbox"/>

University:

Fax #:

Dept.	Course No.	Title	Credit Hrs	Approved

When you have completed the courses above, please request that an official transcript of marks be sent to the Registrar's Office, St. Thomas University.

Student's Signature:

Approved by:

Date:     
YR MO DY

Date:     
YR MO DY