



## Graduate Student Letter of Permission Request Form

Student Information:															
Last Name:							First Name:								
Student ID:	A						Email:								
Program:															
Graduation Date:	Fall	2	0			Winter	2	0			Spring	2	0		

Registration Information:																				
Host Institution:																				
Term:	Fall	2	0			Winter	2	0			Spring	2	0			Summer	2	0		

Courses Applied For:	Office Use Only:		
Course Number	Course Title	Credit Value	SMU Equivalent

Student's Signature:		Date:	
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Graduate Program Coordinator:			
By signing this form, I verify the following: The course is not available to be taken at Saint Mary's University during the requested semester and is a required course for the program.			
Approval Granted:	Yes	No	Date:
Name:			Signature:
Comments:			

Associate Dean- Faculty of Graduate Studies and Research:			
Approval Granted:	Yes	No	Date:
Name:			Signature:
Comments:			

Academic Operations Office:			
Name:			
Signature:		Date:	