

Letter of Permission Application Form

TO BE COMPLETED BY THE STUDENT:	
Student Name:	Student #:
Phone #:	Email:
Program:	
Student Type: () Domestic () International	

Permission Requested to Attend:

Name of the University:	During Year 20_____	Semester Winter <input type="checkbox"/> Summer Fall <input type="checkbox"/> <input type="checkbox"/>
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Host University Course Number	Host University Course Title	Link to the host university's academic calendar	Course description of the course as listed in the academic calendar of the institution:	Equivalent/ Substitute for IBU Course

Note: Credits awarded will be confirmed upon the receipt of a final official transcript. It is the student's responsibility to arrange for these transcripts to be sent to IBU by the specified deadline.

Student Signature:.....

Date:.....

- **Please return the signed form to the Student Support Services Office.**

For Office Use Only:

Student Support Office:

Request Received On (DD/MM/YY): _____

Signature: _____ **Date:** _____

Dean's Office Approval:

Approved

Not approved

Reason (if not approved):

Dean's Signature: _____

Date: _____