



# UNIVERSITY OF SASKATCHEWAN

**COLLEGE OF EDUCATION**  
**Undergraduate Programs Office**  
**28 Campus Dr. Saskatoon, SK S7N 0X1**  
**Ph: 306 (966-7654) Fax: 306 (966-7644)**

## PERMISSION REQUEST FORM

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

1. COURSE: \_\_\_\_\_ Credit Units: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
\_\_\_\_\_  
INSTITUTION: \_\_\_\_\_  
\_\_\_\_\_

2. COURSE: \_\_\_\_\_ Credit Units: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
INSTITUTION: \_\_\_\_\_  
\_\_\_\_\_

3. COURSE: \_\_\_\_\_ Credit Units: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
\_\_\_\_\_  
INSTITUTION: \_\_\_\_\_  
\_\_\_\_\_

Request Received By: \_\_\_\_\_

\_\_\_\_\_  
Student Signature