

Letter of Permission



Enrolment Services
tru.ca/registration

Only to be used for Approved Accredited Institutions

General Information:

- If course outlines are required, these should be emailed by the student to the Program Advisor
- Prior to the start of studies, and in order to guarantee transfer credit, the Program Advisor submits this form to the Registrar's Office
- Upon completion of studies, the student must arrange for the Host Institution to send an Official transcript to the Office of the Registrar at Thompson Rivers University to ensure the credits are applied to your program of study.

TRU Student ID:

Date of Birth: _____
yyyy-mm-dd

Last Name: _____

First Name: _____

Email: _____

** The information you provide to TRU is collected under the Thompson Rivers University Act (BC) and will be used only to administer your request.*

Current Program of Study: _____

Student Signature: _____

Host Institution Name: _____

Web Address: _____

Mailing Address: _____
Street City Province Postal Code

Course Name	Course Acronym & No.	Credit or Hours	Semester Year (Fall/Winter/Summer)	TRU Equivalent Course

Approved by (please print): _____ Date of Approval: _____

Signature: _____