Request for Letter of Permission

GEORGIAN
YOUR COLLEGE · YOUR FUTURE

PLEASE PRINT — INCOMPLETE OR INCORRECT INFORMATION WILL CAUSE DELAYS IN PROCESSING

☐ Ms ☐ Mr
☐ Miss ☐ Mrs

Last Name **First Name** **Middle Name**

Student # _____ **Program** _____

Please issue a Letter of Permission for the above student who will be taking:

Institution _____

Course # _____

Course Name _____

When the above course is completed with a mark of 60%, "C" or better the course will be considered equivalent to the following Georgian College course:

Course # _____

Course Name _____

Name of Program Co-ordinator Signature of Program Co-ordinator Date

For Office Use Only

Amount Paid $ _____ Date _____ Authorizing Signature _____

Method of Payment (for office use only)

☐ Cash (do not send cash in the mail) ☐ Cheque ☐ Money Order ☐ MasterCard ☐ Visa ☐ American Express

Credit Card # _____ Expiry Date _____

Cardholder Name (if different from student) _____

Office of the Registrar, One Georgian Drive, Barrie, ON L4M 3X9 | Tel: (705) 722-1511 | Fax: (705) 722-5118 | Email: registrar@georgianc.on.ca