



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	

Term:	Fall	2	0	Winter	2		
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	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:			

Office of the Registrar:			
Name:			
Signature:		Date:	