

Letter of Permission for Off Campus Study

St. Thomas University

Fredericton NB E3B 5G3

Phone: 506-452-0530 Email: registrarsoffice@stu.ca

Last Name:

First Name:

STU ID:

Address:

Email:

Phone:

Academic Year

Semester

(eg. 2023-2024)

(eg. S1)

University :

Email:

Dept	Course No	Title	Credit Hrs	Approved

Please Note When you have completed the course(s) please request that an official transcript of marks be sent to the Registrar's Office at St. Thomas University. Applications will not be processed if missing information.

Student's Signature

Approved By