



**UNIVERSITY OF PRINCE EDWARD ISLAND**  
 550 University Avenue, Charlottetown, PEI, C1A 4P3  
**LETTER of PERMISSION (to take courses at other universities)**

**Please note:** Students are responsible for obtaining the Chair's approval for each individual course requested. This includes obtaining course descriptions from the other institutions and sending it to UPEI department chairs for evaluation.

PLEASE PRINT ALL INFORMATION

ID#: \_\_\_\_\_ NAME: \_\_\_\_\_ YEAR OF STUDY:

First	Second	Third	Fourth
-------	--------	-------	--------

PHONE#: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Address to which a confirmation may be sent: \_\_\_\_\_

Degree being taken at UPEI: \_\_\_\_\_

It is my responsibility to have an official transcript forwarded to UPEI as soon as marks are available.

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

**\*Please indicate (year and semester) when taking classes at another university**

Academic Year: 20 \_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Fall (Sept-Dec)  Winter (Jan-Apr)  1st Summer Session  2nd Summer Session

Exchange  Online/Correspondence  Other (specify)

NAME AND ADDRESS OF UNIVERSITY where courses are to be taken:

Courses Requested	# of sem/hrs	UPEI Equivalent	Chair's Approval	Dean's Approval (if required)
_____	3/6	_____	_____	_____
_____	3/6	_____	_____	_____
_____	3/6	_____	_____	_____
_____	3/6	_____	_____	_____
_____	3/6	_____	_____	_____
_____	3/6	_____	_____	_____
_____	3/6	_____	_____	_____
_____	3/6	_____	_____	_____
_____	3/6	_____	_____	_____

The student named above has permission to take the courses indicated for transfer credit to the University of Prince Edward Island. An official transcript from UPEI is enclosed.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ (Registrar or Designate)