

Signature:

Faculty of Theology • Huron University College
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## Application for "Special" or "Letter of Permission" Students

Please return this Letter of Permission : Special Students hav	students have perr	mission at their ow	n school to take cours	ses at Huro		n toward their own degree; mission to a degree.
Personal Info:						
Surname:	Given Names:					
male	female another		UWO Stuc	dent # (if app	olicable/known)	
Mailing Address	& Contact In	fo:				
Street or PO Box	:					
City, Province, Po	ostal Code:					
Telephone: Day Date of Birth:						
Email address:						
Citizenship:	Canadian	Perm	anent Resident	(	Other:	
First Language:	English	Frenc	h	(	Other:	
Post-Secondary	Institutions att	ended or being	attended:			
Institution, Dates, Degree/Program						Graduation Date, if completed
For Specia			ny university transo ents may not have			ted degree to be sent to you.
For Letter of Permission applicants, I have arranged for my university to send a Letter of Permission to Huron, Theology.						

Date: