



299 COLLEGE DR. S.E. Medicine Hat AB T1A 3Y6
Tel: (403) 529-3811 Fax: (403)504-3521

Letter of Permission

Protection of Privacy

The personal information collected through Letter of Permission form is for students to be able to take a class at another institution and get credit for it here. This collection is authorized by Section 4(c) of the Protection of Privacy Act and. For questions about the collection of this personal information please contact Associate Registrar at 403.502.8976, smaass@mhc.ab.ca, Medicine Hat College.

This Letter of Permission permits a student to take a course or courses at another postsecondary institution that will be used for credit towards a Medicine Hat College applied degree, diploma or certificate program.

Student's Name _____ MHC ID # _____

Mailing Address: _____

Date of Request: _____

Program: _____ Course to be completed (Semester/Year): _____

Postsecondary Institution where course will be taken: _____

Other Postsecondary Institution's Course Code and Title	Credits	MHC Equivalent Course Code and Title	Credits	Approved (to be filled out by Program Coordinator or Dean)	Transfer of Credit / Grade Awarded
eg. U of C GEOG 1010 - Intro to Geography	3	GEOG 201 - Physical Environment	4		OFFICE USE ONLY

Additional Comments _____

Signature of Program Coordinator or Dean _____ Date _____

Signature of Registrar _____ Date _____

Note to Program Coordinator or Dean:

Please return this completed form to the Office of the Registrar at Medicine Hat College. The Office of the Registrar will forward the documentation to the student.

Note to Student:

It is your responsibility to ensure that an official transcript is forwarded to the Registrar's Office at Medicine Hat College upon completion of your course(s). No credit can be given until transcripts are received.

**Please attach a copy of a course description to this form. The Program Coordinator or Dean may also request additional information such as a course outline before granting permission*

Signature of Student _____ Date _____

Distribution: Student File Program Coordinator/Dean Student Copy

July 2025