



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

# Letter of Permission

*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 \_\_\_\_\_

*The personal information requested on this form is collected under the authority of the Post-secondary Learning Act and Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act. The information collected will only be used for the purposes of delivery and administration of educational training and services. Questions concerning the collection, use or disposal of this information should be directed to the FOIP Coordinator, Medicine Hat College, 299 College Drive SE, Medicine Hat, AB, T1A3Y6, or 403-529-3800 or [foip@mhc.ab.ca](mailto:foip@mhc.ab.ca).*

**Distribution: Student File      Program Coordinator/Dean      Student Copy**