



The University of British Columbia
 School of Kinesiology
Request for Letter of Permission

Date of Request:				
Student Name:	Phone:			
Student Number:	Email:			
(Degree) Program Option:				
Current Year Standing:	1 st	2 nd	3 rd	4 th

A. At what other **institution** do you wish to attend?

B. **What course(s)** do you wish to complete there? *(Please provide course descriptions.)*

	<i>UBC's Equivalent:</i>
	<i>UBC's Equivalent:</i>
	<i>UBC's Equivalent:</i>
	<i>UBC's Equivalent:</i>
	<i>UBC's Equivalent:</i>

C. **When** do you plan to complete this course work? *(Please ✓ session and term.)*

WINTER SESSION TERM I	
WINTER SESSION TERM II	
SUMMER SESSION	

D. For what **reason** do you wish to complete the above course(s) at the above institution?

Student Signature: _____