



Letter of Permission for Off Campus Study

St. Thomas University

Fredericton NB E3B 5G3

Phone: 506-452-0530 Email: registrarsoffice@stu.ca

Last Name:

First Name:

STU ID:

Address:

Email:

Phone:

Academic Year

Semester

(eg. 2023-2024)

(eg. S1)

University :

Email:

Dept	Course No	Title	Credit Hrs	Approved

Please Note: When you have completed the course(s) above, please request that an official transcript of marks be sent to the Registrar's Office at St. Thomas University. *Applications will not be processed if missing information.*

Student's Signature

Approved By