



**THE UNIVERSITY OF  
WINNIPEG**  
The United Centre for Theological Studies



**The United Centre for Theological Studies**

# REQUEST TO TAKE A COURSE AT ANOTHER INSTITUTION

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PHONE: (home) \_\_\_\_\_ (work) \_\_\_\_\_

DEGREE PROGRAM: MA MDiv BTH CinT

FULL NAME AND ADDRESS OF INSTITUTION TO BE ATTENDED:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

1) IN WHAT SESSION DO YOU WISH TO REGISTER? Summer 20\_\_\_\_(taken anytime from May-Aug)  
Fall/Winter 20\_\_\_\_(taken anytime from Sept-Apr)

2) FOR HOW MANY COURSES DO YOU INTEND TO REGISTER? \_\_\_\_\_

3) WILL YOU BE APPLYING TO GRADUATE FOLLOWING THE COMPLETION OF THIS ACADEMIC  
 SESSION? Yes No

PAYMENT (\$60.00): CASH CHEQUE

I WOULD LIKE THE LETTER OF PERMISSION TO BE : Picked up Mailed to:  
Home Address  
Institution

List course(s) to be completed at host Institution:

U of W Equivalent - Office Use Only:

1) # \_\_\_\_\_

1) # \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

2) # \_\_\_\_\_

2) # \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

3) # \_\_\_\_\_

3) # \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

4) # \_\_\_\_\_

4) # \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

5) # \_\_\_\_\_

5) # \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

NOTE: No letters of permission will be issued to students with overdue fee accounts.

You must allow a minimum of 10 working days for The Faculty of Theology to process this request.

PLEASE RETURN TO:

The United Centre for Theological Studies / 515 Portage Ave / Winnipeg, MB R3B 2E9  
204-988-7685/204-786-9320 / Toll Free (North America): (800) 679-8496 / fax: (204) 772-2584  
e-mail: [theology@uwinnipeg.ca](mailto:theology@uwinnipeg.ca) / website: [theology.uwinnipeg.ca](http://theology.uwinnipeg.ca)

Date Approved: \_\_\_\_\_

Approved By: \_\_\_\_\_

\_\_\_\_\_

OFFICE USE ONLY

Amount Paid: \_\_\_\_\_

Date Payment Received: \_\_\_\_\_

Method of Payment: \_\_\_\_\_

Initials: \_\_\_\_\_

18Jun14