



## Application for Letter of Release

Student Name:	
Student Number:	
Student Date of Birth:	

Course(s) for which you are applying for a Letter of Release	
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What are your reasons for requesting a Letter of Release?	
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Have you read and understood the College's Course Transfer Policy?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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Have you attached supporting documentation? eg Letter of Offer from other college.	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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All due fees must be paid and all book loans and keys etc must be returned before permission can be granted.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

OFFICE USE

Letter of Release granted?      Yes       No

\_\_\_\_\_  
Signature of authorized officer

\_\_\_\_\_  
Date