

## LETTER OF PERMISSION VISITING STUDENTS

### STUDENT INFORMATION

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

#### **Permanent Address**

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

### HOME INSTITUTE

I hereby confirm that the above applicant is currently a student in good standing at this institution and has been permitted to spend a semester abroad as a visiting student at the **Thompson Rivers University**.

Name: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Position: \_\_\_\_\_

Faculty: \_\_\_\_\_

This student is currently enrolled in the following program at their home institution:

\_\_\_\_\_

Signature: \_\_\_\_\_

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

University Stamp: