



VILLANOVA
PROFESSIONAL STUDIES

PARENTAL PERMISSION LETTER

As the parent and/or guardian of _____, I grant
(Name of Student)
Permission to my child to enroll in courses at Villanova University's College of
Professional Studies. I understand, as the parent/guardian I am responsible for
payment for any course in which they are registered. In some cases, prepayment of
courses may be required.

(Parent Signature) _____

(Date) _____