



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) \_\_\_\_\_