

n]

FACULTY OF GRADUA STUDIES & RESEARC			Shar [ed C	redentia	Application	n Forr
ILLAM CENTRE FOR ADVANCED 29 TRIFFO HALL	STUDIES				Phone	: 780.492.3499 Fax: 7 https://www.ualberta.ca/g	
Last Name			First Name M			ddle Name	
Mailing Address				Date	of Birth	O Male	
				Duto		O Female	
						O Another/Prefer no	ot to disclose
				Count	ry of Citizenship	Citizenship Status ir	n Canada
E-mail Address			Phone Number	Length of stay at		UofA	
					5 ,		
Shared Credential Agreement			1		<u> </u>		
Name of Home Institution				Home Institution		Degree Program	
						0 0	
UofA Host department			Have you ever applied for admission or registered in courses at the University of				
			Alberta? O Yes	O N	o If yes, enter U	of A student ID	
Degree Program Specialization (if an			ny)			Proposed start term Year	
Applicant's Signature (By signing this form, I agree that all information provided is true and complete.)					Date (MMM DD, YYYY)		
Note to applicant: Ple	ease save & send t	his appli	cation form by ema	il to the	U of A host depart	ment when completed.	
Home Institution use onl				ission of	this application.)	Date (MMM DD, YYYY)	
Name of Department/Graduate Program approval		Signature					
UofA host department us	e only: (By sign	ning this	form, I approve th	e admis	sion of this applicat	ion.)	
Department							
Degree Program	Specialization (if	any)				Proposed start term	Year
Name of Graduate Coordinator/ De	pt Chair	Signatu	ıre			Date (MMM DD, YYYY)	
						1	

Note to department: Forward signed application form to Faculty of Graduate Studies and Research.

Personal information on this form is collected under the authority of Section 33(c) of Alberta's *Freedom of Information and Protection of Privacy Act* for authorized purposes including admission and registration; administration of records, scholarships and awards, student services; and university planning and research. Students' personal information may be disclosed to academic and administrative units according to university policy, federal and provincial reporting requirements, data sharing agreements with student governance associations, and to contracted or public health care providers as required. For details on the use and disclosure of this information call the Faculty of Graduate Studies and Research at 780-492-3499 or see http://www.ipo.ualberta.ca/.
 Faculty of Graduate Studies and Research use only:

 Student ID
 App#
Date Coded Approval App#