Faculty of Graduate & Postdoctoral Studies
2-29 TRIFFO HALL

Phone: 780.492.3499 Fax: 780.492.0692
ualberta.ca/graduate-studies/

Legal Last Name * same as passport or birth certificate	Legal First Name *	Middle Name *

Date of Birth (MMM DD, YYYY)	Gender	Country of Citizenship	Citizenship Status in Canada	Contact Number

Mailing Address

E-mail Address	Emergency Contact (Name & Phone #)

English Language Proficiency (♦ if required)	♦ Exam Date (MMM DD, YYYY)	♦ Exam Score

Name of Home Institution

Home Department	Degree expected

For more information refer to the <u>University of Alberta Calendar</u> and/or <u>Graduate Program Manual.</u> Specific links can be found in the GPS <u>Forms Cabinet</u> next to the relevant form.
For formal exchanges administered by the University of Alberta International Centre, contact <u>goabroad@ualberta.ca</u>.

Visiting Program:
- ○ Non-Exchange (attach a Letter of Permission from the Home institution)
- ○ Formal Exchange Agreement (attach a Permission to Participate form)

Have you ever applied for admission or registered in courses at the University of Alberta? If yes, enter U of A student ID:	Department
	Proposed start term ○ Fall (Sept) ○ Winter (Jan) ○ Spring (May) ○ Summer (July) / Year

Please register me in the following:

University of Alberta Department Use Only:
After the admission has been processed, the Department will register the student in the courses.
Exception: RSCH 900 must be added by GPS.

Course Abbreviation and # (e.g., RSCH 900)	Class#	Section#	Term	Approval

Applicant's Signature *By signing this form, I agree that all information provided is true and complete.	Date (MMM DD, YYYY)

University of Alberta Department Admission Approval:
*By signing this form, I approve the admission of this applicant.

Name of Graduate Coordinator/ Dept Chair	Signature	Date (MMM DD, YYYY)

Faculty of Graduate & Postdoctoral Studies use only:		Signature & Date
Student ID:	App #:	