



Faculty of Graduate & Postdoctoral Studies  
2-29 TRIFFO HALL

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

Last Name		First Name		Middle Name	
Mailing Address		Date of Birth (MMM DD, YYYY)		Gender <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Another <input type="radio"/> Prefer not to disclose	
		Country of Citizenship		Citizenship Status in Canada	
E-mail Address		Phone Number		Length of stay at UofA	
Shared Credential Agreement					
Name of Home Institution				Home Institution Degree Program	
UofA Host department		Have you ever applied for admission or registered in courses at the University of Alberta? <input type="radio"/> Yes <input type="radio"/> No If yes, enter U of A student ID			
Degree Program		Specialization (if any)		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: Please save & send this application form by email to the U of A host department when completed.					

<b>Home Institution use only:</b> (By signing this form, I approve the admission of this application.)					
Name of Department/Graduate Program approval		Signature		Date (MMM DD, YYYY)	
<b>UofA host department use only:</b> (By signing this form, I approve the admission of this application.)					
Department					
Degree Program		Specialization (if any)		Proposed start term	
				Year	
Name of Graduate Coordinator/ Dept Chair		Signature		Date (MMM DD, YYYY)	
Note to department: Forward signed application form to Faculty of Graduate & Postdoctoral Studies.					

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**Faculty of Graduate & Postdoctoral Studies use only:**

Student ID:

App #:

Approval:

Signature & Date