



**A. THIS SECTION TO BE COMPLETED BY THE STUDENT**

Last Name		First Name		Middle Name
Shared Credential Agreement				
Name of Home Institution	Home Student ID	Home Supervisor(s)		Date began graduate program
Home Department	Home Degree Program		Home Specialization (if any)	
Name of Second Institution			Second Institution Supervisor(s)	
Proposed membership of supervisory committee and proposed supervisor(s)				
Proposed title of project/thesis topic (if known)				
Home Institution courses for meeting the degree requirements at the Second Institution (if applicable)				
Second Institution courses for meeting the degree requirements at the Home Institution (if applicable)				
Additional courses student will be required to take at Second Institution (if applicable and known)				
Other relevant academic requirements				

## INFORMED CONSENT FOR DISCLOSURE OF PERSONAL INFORMATION

The University of Alberta collects and protects personal information under the authority of the Alberta *Freedom of Information and Protection of Privacy Act* for the purposes of operating the programs and services of the University.

Information collected and shared for the purpose of the shared credentials graduate program will also adhere to the laws of the country of the collaborating institution.

Academic information about me, including transcripts, lab reports where applicable, and correspondence and reports regarding academic progress, will be originally collected by the institutions and shared between the institutions for the purpose of administering the shared credentials graduate program.

I, \_\_\_\_\_ voluntarily authorize the above-mentioned sharing of information.

This consent will remain valid for the duration of my participation in the shared credentials graduate program. I understand that consent may be revoked at any time by so indicating in writing to the shared credentials graduate program liaison officers of my Home Institution and the Second Institution.

Student's Signature	Date (MMM DD, YYYY)
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## B. THIS SECTION TO BE COMPLETED BY THE HOME INSTITUTION

_____ is recommended for admission to the shared credentials graduate program.		
Designated Faculty Contact	Signature	Date (MMM DD, YYYY)
Title	Department	Email
Dean/Graduate Coordinator/Dept Chair	Signature	Date (MMM DD, YYYY)
Home Institution Name	Faculty/Department	

## C. THIS SECTION TO BE COMPLETED BY THE SECOND INSTITUTION

Admission of _____ to the shared credentials graduate program		<input type="radio"/> Granted <input type="radio"/> Denied
Designated Faculty Contact	Signature	Date (MMM DD, YYYY)
Title	Department	Email
Dean/Graduate Coordinator/Dept Chair	Signature	Date (MMM DD, YYYY)
Second Institution Name	Faculty/Department	

**Protection of Privacy** - Personal information provided is collected in accordance with Section 4(c) of the Alberta Protection of Privacy Act (POPA) and will be protected in accordance with section 10 and used and disclosed in accordance with sections 12 and 13 of the Act. It will be used and disclosed for the purpose of admission and registration; administration of records, scholarships and awards, student services; and university planning and research. The University of Alberta uses automated systems to generate content and to make decisions, recommendations, and predictions. The personal information collected may be included in these automated systems. Should you require further information about collection, use and disclosure of personal information, please contact Faculty of Graduate & Postdoctoral Studies at 780-492-3499 or refer to <https://www.ualberta.ca/en/privacy.html>

<b>Faculty of Graduate Studies &amp; Postdoctoral Studies use only:</b> <input type="radio"/> Added Supervisor and/or Supervisory Committee	Signature & Date
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