



Student ID	Student Last Name, First Name	
Shared Credential Agreement		
Name of Host Institution		
Year	Term & Course to be taken	
Student's Signature (By signing this form, I agree that all information provided is true and complete.)		Date (MMM DD, YYYY)

U of A Department Participation Approval: (By signing this form, I approve the participation of this student in the shared credential program.)		
Supervisor (thesis-based only)	Signature	Date (MMM DD, YYYY)
Graduate Coordinator/ Dept Chair	Signature	Date (MMM DD, YYYY)

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>

Faculty of Graduate & Postdoctoral Studies use only:		Signature & Date
<input type="radio"/> Registration & Location	<input type="radio"/> Plan 2	<input type="radio"/> Transcript text

☐ Study Agreement