



KILLAM CENTRE FOR ADVANCED STUDIES  
 2-29 TRIFFO HALL

Phone: 780.492.3499 Fax: 780.492.0692  
<https://www.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	
<p>For more information refer to the University of Alberta Calendar and/or Graduate Program Manual. Specific links can be found in the FGSR Forms Cabinet next to the relevant form.          For formal exchanges administered by the University of Alberta International Centre, contact <a href="mailto:goabroad@ualberta.ca">goabroad@ualberta.ca</a>.</p>					
<p>Visiting Program:</p> <p><input type="radio"/> Non-Exchange (attach a Letter of Permission from the Home institution)</p> <p><input type="radio"/> Formal Exchange Agreement (attach a Permission to Participate form)</p>					
<p>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:</p>					
Department		Proposed start term			Year
		<input type="radio"/> Fall (Sept) <input type="radio"/> Winter (Jan) <input type="radio"/> Spring (May) <input type="radio"/> Summer (July)			
Please register me in the following:		<b>University of Alberta Department Use Only:</b>			
Course Abbreviation and # (e.g., RSCH 900)		After the admission has been processed, the Department will register the student in the courses. Exception: RSCH 900 must be added by FGSR.			
		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)	
<p><b>University of Alberta Department Admission Approval:</b>          *By signing this form, I approve the admission of this applicant.</p>					
Name of Graduate Coordinator/ Dept Chair		Signature		Date (MMM DD, YYYY)	

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.ipu.ualberta.ca/>.

<b>Faculty of Graduate Studies and Research use only:</b>		
Student ID:	App #:	Signature & Date