



KILLAM CENTRE FOR ADVANCED STUDIES
 2-29 TRIFFO HALL

Phone: 780.492.3499 Fax: 780.492.0692
<http://uofa.ualberta.ca/graduate-studies/>

Last Name		First Name		Middle Name	
Mailing Address			Date of Birth		<input type="radio"/> Male <input type="radio"/> Female
			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 (digital or hand-written) *By signing this form, I agree that all information provided is true and complete.					Date
Note to applicant: Please save & send this application form by email to the U of A host department when completed.					

Home Institution use only:		
*By signing this form, I approve the admission of this application.		
Name of Department/Graduate Program approval	Signature (digital or hand-written)	Date

UofA host department use only:			
*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 (digital or hand-written)	Date	
Note to department: Forward signed application form to Faculty of Graduate Studies and Research.			

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Faculty of Graduate Studies and Research use only:			
Student ID: _____	App #: _____	Approval: _____	Date Coded: _____