



KILLAM CENTRE FOR ADVANCED STUDIES
 2-29 TRIFFO HALL

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

Department/ Academic Unit Name:

Please return by email (grad.admissions@ualberta.ca). Faculty members with signing authority **must** be a **full-time tenured or tenure track faculty member** (normally the Department Chair and/or the Graduate Program Coordinator).

If only one person has signing authority, then arrangements **must** be made for an alternate during periods when the authorized person is absent from campus. Additionally, a delegated signing authority should sign all FGSR forms or award nominations on the department's behalf, in cases where the Department Chair or Graduate Program Coordinator is the student's supervisor or a part of the student's supervisory or examining committee.

If you represent a **non-departmentalized** faculty, please indicate your signatory, contact and delegate on **this** department signing authority form.

Role:

- **Department Chair**
- **Graduate Program Coordinator** (Also referred to as Associate Chairs, Associate Deans, Directors or any other individual officially designated as being responsible for the unit's graduate programs. This person must be a **tenured or tenure-track faculty member**.)
- **Other Delegated Signing Authority** (This person must be a **tenured or tenure-track faculty member**.)

Date (MMM DD,YYYY)	<input type="radio"/> Add <input type="radio"/> Delete	Role	<input type="radio"/> Department Chair <input type="radio"/> Graduate Program Coordinator <input type="radio"/> Other Delegated	
Name	Signature	Email (CCID@ualberta.ca)	Phone	

Date (MMM DD,YYYY)	<input type="radio"/> Add <input type="radio"/> Delete	Role	<input type="radio"/> Department Chair <input type="radio"/> Graduate Program Coordinator <input type="radio"/> Other Delegated	
Name	Signature	Email (CCID@ualberta.ca)	Phone	

Date (MMM DD,YYYY)	<input type="radio"/> Add <input type="radio"/> Delete	Role	<input type="radio"/> Department Chair <input type="radio"/> Graduate Program Coordinator <input type="radio"/> Other Delegated	
Name	Signature	Email (CCID@ualberta.ca)	Phone	

Date (MMM DD,YYYY)	<input type="radio"/> Add <input type="radio"/> Delete	Role	<input type="radio"/> Department Chair <input type="radio"/> Graduate Program Coordinator <input type="radio"/> Other Delegated	
Name	Signature	Email (CCID@ualberta.ca)	Phone	

FGSR Council Representation:

FGSR Council includes representation from each department/unit offering graduate programs, and other university officials. The department representative must be a **full-time tenured or tenure-track faculty member**, and is normally the Department Chair and/or Graduate Coordinator. Please indicate **one** individual who will serve as your department's FGSR primary council representative and **one** individual who will serve as the alternate. **Note:** An updated name listed below will automatically replace the previously submitted representative(s).

<input type="radio"/> Dept Chair (as indicated above) <input type="radio"/> Grad Program Coordinator (as indicated above) <input type="radio"/> Other (please note)	PRIMARY Representative Name <hr/> <table style="width: 100%;"> <tr> <td style="width: 60%;">Email (CCID@ualberta.ca)</td> <td style="width: 40%;">Phone</td> </tr> </table>	Email (CCID@ualberta.ca)	Phone
Email (CCID@ualberta.ca)	Phone		
<input type="radio"/> Dept Chair (as indicated above) <input type="radio"/> Grad Program Coordinator (as indicated above) <input type="radio"/> Other (please note)	ALTERNATE Representative Name <hr/> <table style="width: 100%;"> <tr> <td style="width: 60%;">Email (CCID@ualberta.ca)</td> <td style="width: 40%;">Phone</td> </tr> </table>	Email (CCID@ualberta.ca)	Phone
Email (CCID@ualberta.ca)	Phone		

Graduate Administrator(s): Provide the name(s) of the person(s) who is the primary contact(s) for your graduate program. (Graduate Contact Person/Graduate Administrative Assistant)		Please indicate authorization granted to sign one or more of the following graduate forms. (Check all that apply)
*Administrators who will use GSMS will require access to be set up in GSMS. Your role in GSMS should be comparable to the roles outlined on this form. This access is controlled by IST, please contact IST or FGSR for details. An Administrator should not sign off on Awards or Admissions decisions if they are *not* listed on a DSA form with those delegated authorities.		
<input type="radio"/> Add <input type="radio"/> Delete	Name Signature Email (CCID@ualberta.ca)	<input type="radio"/> Change of Grade <input type="radio"/> Awards Nominations On or before the Registration Deadline for: <input type="radio"/> Courses to be Added/Deleted <input type="radio"/> Manual Registration <input type="radio"/> Deferred Admission Request <input type="radio"/> Revised Admission Request
	Date (MMM DD,YYYY) Phone	
<input type="radio"/> Add <input type="radio"/> Delete	Name Signature Email (CCID@ualberta.ca)	<input type="radio"/> Change of Grade <input type="radio"/> Awards Nominations On or before the Registration Deadline for: <input type="radio"/> Courses to be Added/Deleted <input type="radio"/> Manual Registration <input type="radio"/> Deferred Admission Request <input type="radio"/> Revised Admission Request
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	Date (MMM DD,YYYY) Phone	

Please note: FGSR will send this form for an annual update each May/June. However, should you have changes between the time of submission and the annual update, please send changes to grad.admissions@ualberta.ca.