

KILLAM CENTRE FOR ADVANCED STUDIES  
 2-29 TRIFFO HALL

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

Student ID	Student Last Name, First Name		
Department	Degree Program	Specialization (if any)	

Students may wish to take courses that are not necessary to or an integral part of their graduate program. Courses extra to the degree must be designated and approved by the FGSR at the time of registration in the courses. The FGSR does not include these courses when calculating the student's GPA for continuation in the graduate program or convocation.

Complete and forward the following information to the Faculty of Graduate Studies and Research.

Courses to be declared extra			
Term Course will be Taken & Year	Course Abbreviation	Course Number and Section	Course Weight
Student Signature (digital or hand-written)			Date (MMM DD, YYYY)

Name of Supervisor	Signature (digital or hand-written)	Date (MMM DD, YYYY)
Graduate Coordinator/ Dept Chair	Signature (digital or hand-written)	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>		Comments: _____
<input type="radio"/> Approved <input type="radio"/> Not Approved <input type="radio"/> Spring Convocation <input type="radio"/> Fall Convocation Admit Term: _____	Signature & Date _____	