

Graduation Readmission Form

Instructions

- This form is to be used if you are applying to graduate from a program in which you are **not** currently registered (see University Calendar Section 23.7).
- Submit completed form with the payment information completed below to:
Student Connect
Administration Building
University of Alberta
Edmonton AB T6G 2M7
- 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 as required. For details on the use and disclosure of the information see www.ipo.ualberta.ca.

U of A student ID number

Please provide legal name

	Surname	Given Names
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Correspondence (mailing) address

Street Address, Apartment Number, Box Number		
City	Province	Postal Code
Country	Telephone Number	Email Address

Intended Degree

Faculty	Degree	Major/Minor (or Double Major)
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Note: Consult with your faculty or department before submitting this form to ensure that you are eligible for the intended degree.

Expected Date of Graduation

- Spring** (June) Year for students completing degree requirements in December or April.
Application Deadline: February 1
- Fall** (November) Year for students completing degree requirements in June or August.
Application Deadline: September 1

Are you completing degree requirements at another institution?

- Yes** **No** If **yes**, which Institution? _____
Deadline to receive the complete official transcript if attending elsewhere: **May 1 for Spring Convocation** or **October 1 for Fall Convocation**

Signature

Applicant's Signature	Date M M Y Y Y Y
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Payment

The readmission application fee is \$75.

Payment options:

- Cheque or money order** Make cheques payable to the University of Alberta. Do not send cash.
 Credit card Mastercard or Visa only

I hereby authorize the payment of \$75 (Canadian Funds) for the application of Name of Applicant

Card Holder's Name (as it appears on the card)	Card Holder's Signature
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Credit Card Number	Expiry Date D D Y Y Y Y
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