



<b>A. THIS SECTION TO BE COMPLETED BY THE STUDENT</b>				
Last Name		First Name		Middle Name
Shared Credential Agreement				
Name of Home Institution	Home Student ID	Home Supervisor(s)		Date began graduate program
Home Department	Home Degree Program		Home Specialization (if any)	
Name of Second Institution			Second Institution Supervisor(s)	
Proposed membership of supervisory committee and proposed supervisor(s)				
Proposed title of project/thesis topic (if known)				
Home Institution courses for meeting the degree requirements at the Second Institution (if applicable)				
Second Institution courses for meeting the degree requirements at the Home Institution (if applicable)				
Additional courses student will be required to take at Second Institution (if applicable and known)				
Other relevant academic requirements				

## INFORMED CONSENT FOR DISCLOSURE OF PERSONAL INFORMATION

The University of Alberta collects and protects personal information under the authority of the Alberta *Freedom of Information and Protection of Privacy Act* for the purposes of operating the programs and services of the University.

Information collected and shared for the purpose of the shared credentials graduate program will also adhere to the laws of the country of the collaborating institution.

Academic information about me, including transcripts, lab reports where applicable, and correspondence and reports regarding academic progress, will be originally collected by the institutions and shared between the institutions for the purpose of administering the shared credentials graduate program.

I, \_\_\_\_\_ voluntarily authorize the above-mentioned sharing of information.

This consent will remain valid for the duration of my participation in the shared credentials graduate program. I understand that consent may be revoked at any time by so indicating in writing to the shared credentials graduate program liaison officers of my Home Institution and the Second Institution.

Student's Signature	Date (MMM DD, YYYY)
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## B. THIS SECTION TO BE COMPLETED BY THE HOME INSTITUTION

\_\_\_\_\_ is recommended for admission to the shared credentials graduate program.

Designated Faculty Contact	Signature	Date (MMM DD, YYYY)
Title	Department	Email
Dean/Graduate Coordinator/Dept Chair	Signature	Date (MMM DD, YYYY)
Home Institution Name	Faculty/Department	

## C. THIS SECTION TO BE COMPLETED BY THE SECOND INSTITUTION

Admission of \_\_\_\_\_ to the shared credentials graduate program  Granted  Denied

Designated Faculty Contact	Signature	Date (MMM DD, YYYY)
Title	Department	Email
Dean/Graduate Coordinator/Dept Chair	Signature	Date (MMM DD, YYYY)
Second Institution Name	Faculty/Department	

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/>.