

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
------------	----------------

Complete and forward the following information to the Faculty of Graduate Studies and Research.
 For more information refer to the [Calendar](#) and the [Graduate Program Manual](#).

For courses taken at the University of Alberta list the specific course name & number, year taken and session in which it was completed:

Course Name & Number	Year Taken	Session
		<input type="radio"/> Fall <input type="radio"/> Winter <input type="radio"/> Spring <input type="radio"/> Summer
		<input type="radio"/> Fall <input type="radio"/> Winter <input type="radio"/> Spring <input type="radio"/> Summer
		<input type="radio"/> Fall <input type="radio"/> Winter <input type="radio"/> Spring <input type="radio"/> Summer

For courses taken at other universities, an official transcript showing the specific courses must be included with this form if one is not already on file in the FGSR office. Indicate the university and list the specific course name & number, year taken, and U of A course equivalent and weight equivalent. If there is no U of A course equivalent indicate only the weight equivalent:

University	Course Name & Number	Year Taken	U of A Equivalent

Graduate Coordinator/ Dept Chair	Signature	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.ipa.ualberta.ca/>.

Faculty of Graduate Studies & Research use only: <input type="radio"/> posted <input type="radio"/> Grad crs/grade <input type="radio"/> less than 6 yrs <input type="radio"/> EXCH 8xx to CR <input type="radio"/> official transcript <input type="radio"/> not used in Basis of Admission Previous transfer credit <input type="radio"/> yes <input type="radio"/> No	Signature & Date
--	------------------