



KILLAM CENTRE FOR ADVANCED STUDIES
 2-29 TRIFFO HALL

Phone: 780.492.3499 Fax: 780.492.0692
<http://uofa.ualberta.ca/graduate-studies/>

| | | |
|---|-------------------------------|---------------------|
| Student ID | Student Last Name, First Name | |
| Shared Credential Agreement | | |
| Name of Host Institution | | |
| Year | Term & Course to be taken | |
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| | | |
| Student's Signature (By signing this form, I agree that all information provided is true and complete.) | | Date (MMM DD, YYYY) |

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|---|-----------|---------------------|
| U of A Department Participation Approval: (By signing this form, I approve the participation of this student in the shared credential program.) | | |
| Supervisor (thesis-based only) | Signature | Date (MMM DD, YYYY) |
| | | |
| Graduate Coordinator/ Dept Chair | Signature | Date (MMM DD, YYYY) |
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|---|------------------------------|---------------------------------------|---------------------------------------|------------------|
| Faculty of Graduate Studies and Research use only: | | | | Signature & Date |
| <input type="radio"/> Registration & Location | <input type="radio"/> Plan 2 | <input type="radio"/> Transcript text | <input type="radio"/> Study Agreement | |