

2-29 TRIFFO HALL
Student ID

KILLAM CENTRE FOR ADVANCED STUDIES

Student Last Name, First Name

## **Course Extra to Degree**

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

Department	Degree Program	Degree Program Specialization (if any)			
Students may wish to take courses that are to the degree must be designated and approinclude these courses when calculating the scomplete and forward the following informations.	oved by the FGSR at the student's GPA for conti	ne time of registration nuation in the graduat	in the courses. The program or con	ne FGSR does n	
Courses to be declared extra					
Term Course will be Taken & Year	Course Abbreviation Course Number		mber and Section	Course Weight	
Student Signature		Da		ate (MMM DD, YYYY)	
Name of Supervisor	Signature	Signature		Date (MMM DD, YYYY)	
Craduata Coordinator/ Dont Chair	Pant Chair		Date (MMM DD, YYYY)		
Graduate Coordinator/ Dept Chair	Signature	Signature		Date (IMIMIM DD, 1111)	
Personal information on this form is collected under the authority of Sec registration; administration of records, scholarships and awards, student units according to university policy, federal and provincial reporting req required. For details on the use and disclosure of this information call the	services; and university planning an uirements, data sharing agreements	d research. Students' personal inform with student governance association	nation may be disclosed to a ns, and to contracted or publ	cademic and administrat	
Faculty of Graduate Studies and Research use only: O Approved O Not Approved	Comments:				
O Spring Convocation Admit Term:  ———————————————————————————————————					
		Signa	ature & Date		