

Office of the Registrar

 F 780.492.7172
 W uab.ca/ask

Please complete the form and submit it the Office of the Registrar.

Student ID Number

Personal Information

First Name	Last Name	Phone <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home	Date of Birth MM/DD/YY
Mailing Address		City/Town	Province
			Postal Code

Course Information

I would like to transfer FROM this course:

Class Number (optional)	Subject Code	Course Number	Section	Course Title	Course Fee

TO this course:

Class Number (optional)	Subject Code	Course Number	Section	Course Title	Course Fee

Payment Information

I will pay the \$75 transfer fee and any additional course fees using the following payment method:

Make cheques or money orders payable to the University of Alberta.

- MONEY ORDER
 CHEQUE
 CREDIT CARD (In Person Only)
- INVOICE • If employer is to be invoiced, please include a Letter of Authorization (LOA) on company letterhead, or an authorized Purchase Order (PO) signed by signing authority (not student).

 Course transfer forms can be submitted by mail, electronically through the "Form Submissions" tile at uab.ca/ask as a "Non-degree Continuing Education" form. Alternatively, forms can be dropped off in person at the Student Service Centre.

Accepted in-person payment methods are cheque, debit and credit. Payments are accepted between 8:15 a.m. - 2:30 p.m. Monday to Friday or Wednesday between 10 a.m. - 2:30 p.m.

 U of A Staff: INDENT

OFFICE USE ONLY	RECEIPT #

STUDENT'S SIGNATURE	Date
	MM DD YYYY

Protection of Privacy – The personal information requested on this form is collected under the authority of section 33(c) of the *Alberta Freedom of Information and Protection of Privacy Act* for the purpose of processing student requests by University of Alberta. For information about the collection and use of this information contact the Office of the Registrar at uab.ca/ask. Certain personal information may be made available to federal and provincial government departments and agencies under appropriate legislative authority.



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Action Date	TSF	CSF Difference	Refund Amt	Outstanding Amt	Approved Date Initial		
Rfd Pmt Type	Trans Date	Ref Info	Rfd Amt	Org ID	Cont#	BR#	UAEXTN#
CC Information		Expiry (mm-yy)	Refund Ref Info			Posted Date Initial	