



Legal Last Name * same as passport or birth certificate		Legal First Name *		Middle Name *	
Date of Birth (MMM DD, YYYY)	Gender	Country of Citizenship	Citizenship Status in Canada	Contact Number	
Mailing Address					
E-mail Address			Emergency Contact (Name & Phone #)		
English Language Proficiency (♦ if required)	♦ Exam Date (MMM DD, YYYY)		♦ Exam Score		
Name of Home Institution					
Home Department				Degree expected	
For more information refer to the University of Alberta Calendar and/or Graduate Program Manual. Specific links can be found in the FGSR Forms Cabinet next to the relevant form. For formal exchanges administered by the University of Alberta International Centre, contact goabroad@ualberta.ca.					
Visiting Program: ☐ Non-Exchange (attach a Letter of Permission from the Home institution) ☐ Formal Exchange Agreement (attach a Permission to Participate form)					
Have you ever applied for admission or registered in courses at the University of Alberta? ☐ Yes ☐ No If yes, enter U of A student ID:					
Department		Proposed start term			Year
		☐ Fall (Sept) ☐ Winter (Jan) ☐ Spring (May) ☐ Summer (July)			
Please register me in the following:		University of Alberta Department Use Only: After the admission has been processed, the Department will register the student in the courses. Exception: RSCH 900 must be added by FGSR.			
Course Abbreviation and # (e.g., RSCH 900)		Class#	Section#	Term	Approval
Applicant's Signature *By signing this form, I agree that all information provided is true and complete.					Date (MMM DD, YYYY)
University of Alberta Department Admission Approval: *By signing this form, I approve the admission of this applicant.					
Name of Graduate Coordinator/ Dept Chair		Signature			Date (MMM DD, YYYY)

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Faculty of Graduate Studies and Research use only:

Student ID:

App #:

Signature & Date