



Shared Credential Application Form [INCOMING FROM PARTNER INSTITUTION]

KILLAM CENTRE FOR ADVANCED STUDIES
2-29 TRIFFO HALL

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

Last Name		First Name		Middle Name	
Mailing Address			Date of Birth (MMM DD, YYYY)		☐ Male ☐ Female ☐ Another/Prefer not to disclose
			Country of Citizenship		Citizenship Status in Canada
E-mail Address		Phone Number		Length of stay at UofA	
Shared Credential Agreement					
Name of Home Institution				Home Institution Degree Program	
UofA Host department		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			
Degree Program	Specialization (if any)			Proposed start term	Year
Applicant's Signature (By signing this form, I agree that all information provided is true and complete.)				Date (MMM DD, YYYY)	
Note to applicant: Please save & send this application form by email to the U of A host department when completed.					

Home Institution use only: (By signing this form, I approve the admission of this application.)					
Name of Department/Graduate Program approval		Signature		Date (MMM DD, YYYY)	
UofA host department use only: (By signing this form, I approve the admission of this application.)					
Department					
Degree Program	Specialization (if any)			Proposed start term	Year
Name of Graduate Coordinator/ Dept Chair		Signature		Date (MMM DD, YYYY)	
Note to department: Forward signed application form to Faculty of Graduate Studies and Research.					

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.ipu.ualberta.ca/>.

Faculty of Graduate Studies and Research use only:			
Student ID	App#	Approval	Date Coded