

University of Alberta Edmonton

Canada T6G 2E1

Office Use Only Application for **Graduate Admission**

Previous	Application	to the	University
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Have you ever registered or taken courses at the University of Alberta: 🗆 No

If yes, University of Alberta ID Number

Are you currently enrolled at the University of Alberta: □ No

Personal Information

Surname	
First Name and Middle Name(s)	
Former Name (if applicable)	
Date of Birth month day year Male	Female
Country of Citizenship	
First Language	Other Languages

Citizenship Status in Canada (Check one only)

Do you wish to declare that you are of Aboriginal ancestry within the meaning of the Constitution Act of 1982? If so, please specify

□ Métis

□ Student Visitor

month

month

Date authorization obtained:

□ You have or will be applying for a student authorization.

vear

year

□ Inuit

dav

day

□ Non-status Indian

Correspondence Address

Street Address, Apartmen	nt Number, Box Number	
City or Town and Provinc		
Canadian Postal Code	Home Telephone E-mail	Business Telephone

Emergency Contact

Name	Relationsh	ip
Home Telephone	Business Telephone	
()	()	

Hometown

Where do you consider to be your hometown if different from your correspondence address?

City or Town and Province	
Country	Postal Code

Application Details

Canadian Citizen

Effective date: day

Other (specify)

□ Status Indian

Aboriginal Applicants

D Permanent Resident

Proposed start date:	year					
Fall (September)	Winter (January)					
year Spring (May)	year 🗌 Summer (July)					
□ Full-time or □ Part-time □ Thesis-based or □ Course-based						
Campus-based or Distance-based (if applicable)						
Department						
Area of Specialization (if applicable	e)					

Admission is requested as follows:

🗆 PhD	□ MBA/MEng
□EdD	🗆 MBA/PhD
DMus	□MDes
	□MEd
ШMA	🗆 MEng
□MAg	ШMF
ШMBA	□ MFA
Executive MBA	□ MLIS
□ MBA/LLB	☐ MMus
□ MBA/MAg	ШMN
□ MBA/MF	🗆 МРН

MPharm
□MSc
MSLP
Postgraduate Diploma
Special Graduate Student
Uvisiting Graduate Student

Previous and Current Education

Please provide a complete listing of all postsecondary institutions you have attended or are currently attending. (Attach additional sheets as required.)

Name of Institution	Location	From	То	Name of Degree/Diploma Program	Degree Co	nferred	
		year month	year month		Yes/Date	No	
Have you ever been required to withdraw from an academic program?							
If yes, state date, reason, and	I name of institution						
Will you be receiving financial assistance? (Specify name of award, scholarship, etc.)							

🗆 No

Educational Tests TOEFL, TSE, MELAB, IELTS, CAEL, GMAT, MAT, GRE

If you have taken any educational tests, enter the name(s) and date of last writing or date to be written.

Test Name	Number of times test taken	Date of last writing or to be written	Score

Declaration b

I agree, if admitted to the University of Alberta, to comply with University regulations. I certify that the information in this application is true and complete in all respects and that I have withheld no information. I authorize the University to verify any information provided as part of this application. I understand that misrepresentation, falsification of documents, or withholding of requested information regarding this application are serious offences and may result in prosecution under the University's Codes of Behaviour and/or the Criminal Code of Canada. The personal information requested on this form is collected under the authority of section 33(c) of Alberta's Freedom of Information and Protection of Privacy Act for the purpose of determining eligibility for university admission and/or the administration of academic programs and student services. For information about the collection and use of this information contact the Faculty of Graduate Studies and Research at (780) 492-3499. Certain personal information may be made available to federal and provincial government departments and agencies under appropriate legislative authority.

Applicant's Full Name				
Applicant's Signature		Date of Applic	cation	
University Use Only Department	Recommendation			
Admit				□ Refuse
Admit with commentary or note on a (eg., requires official transcript, completion of d Program				
Provisional PhD		Thesis-based	Master of	
Provisional EdD		Course-based		
Provisional DMus Special (include Manual Registration form)				
□ Qualifying (Attach proposed description of program to address deficiencies) □ Vis		U Visiting (include	e Manual Registration form)	
Probationary - Thesis-based (Attach conditions of probation) Postgraduate Diploma				
□ Probationary - Course-based (Attach	conditions of probation)			
Proposed start date	Department			
□ Fall (September) Year □				
□ Winter (January) Year ∟ ⊥	Signature of C	Chair or Graduate Coordina	ator	
□ Spring (May) Year └──└─	Date		FGSR Approval and Date Coded	
Summer (July) Year				

Payment Form

To accompany the Application for Graduate Admission for the payment of the graduate studies application fee.

Payment	Office Lise Only (ID)		Credit card payment — Mastero Credit Card Holder's Name – As it ap		-						
Enclosed is my \$100 non-re	fundable graduate application fee.										
	tly enforces its policy of withholding processing priate application fee has been received.		Credit Card Number				1	E month	Expiry d	ate year	
Payment Options:											
cheque or money order	□ credit card – Mastercard or Visa only.	I berelu		 							
Make cheques payable to the Ur	niversity of Alberta. Do not send cash.		authorize payment of \$100.00 an funds) for the application of _								
	-		,			(Name	of Appl	lcant)			