



Graduate Course Registration Form

Student ID number input boxes

STUDENT ID NUMBER

MA-IS GDLG or GDHRM EdD MEd

GCID or GDID GCTBL or GDEET Other:

General Student Information

Name: Last First Middle

Former Name: Last First Middle

Mailing Address:

Telephone Residence: () area code

Telephone Business: () area code

City/Town:

Province/State: Postal/Zip Code:

Country:

Preferred Email:

Course Registration and Fees

Table with columns: Course name and number, Start Date (MMM/YY), No. of credit, Course fees. Includes a Total row and a Notes section.

The personal information collected on this form will be used to process your course registration request. This information is collected under the authority of section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act.

Signature: Date:

Please email completed forms to the appropriate FHSS Graduate Program Office