



Faculty of Graduate & Postdoctoral Studies  
2-29 TRIFFO HALL

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

The Faculty of Graduate & Postdoctoral Studies (GPS) offers opportunities for students to take graduate-level courses for credit without proceeding toward a graduate degree. For more information on Non-degree Graduate Students, refer to the [University of Alberta Calendar](#) and/or the [Graduate Program Manual](#).

When entering a degree program [transfer credits](#) from Non-Degree Graduate Student courses may be granted but not guaranteed. Please visit the [department website](#) to review the specific requirements of your program. As requirements vary by program, this step is critical before you continue completing your application.

Application(s) must be submitted by the GPS's admissions deadline.

|                                                                                                                                                                                       |                                            |                        |                                                                                                                                                                       |                              |                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------|
| 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 |                     |
| Mailing Address                                                                                                                                                                       |                                            | Contact Number         | E-mail Address                                                                                                                                                        |                              |                     |
|                                                                                                                                                                                       |                                            | Emergency Contact Name |                                                                                                                                                                       | Emergency Contact Phone #    |                     |
| Name of Home Institution or Previously Attended Institute                                                                                                                             |                                            |                        |                                                                                                                                                                       |                              |                     |
| Have you previously applied, attended, worked or been as a guest at the University of Alberta?<br><input type="radio"/> Yes <input type="radio"/> No If yes, enter U of A student ID: |                                            |                        | Proposed start term<br><input type="radio"/> Fall (Sept) <input type="radio"/> Winter (Jan)<br><input type="radio"/> Spring (May) <input type="radio"/> Summer (July) |                              | Year                |
| Please register me in the following:<br>Course Abbreviation and #                                                                                                                     | University of Alberta Department Use Only: |                        |                                                                                                                                                                       |                              |                     |
|                                                                                                                                                                                       | Class #                                    | Section #              | Term                                                                                                                                                                  | Teaching Department Approval | GPS                 |
|                                                                                                                                                                                       |                                            |                        |                                                                                                                                                                       | Date                         |                     |
|                                                                                                                                                                                       |                                            |                        |                                                                                                                                                                       |                              |                     |
| Applicant's Signature *By signing this form, I agree that all information provided is true and complete.                                                                              |                                            |                        |                                                                                                                                                                       |                              | Date (MMM DD, YYYY) |

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 & Postdoctoral Studies at 780-492-3499 or see <http://www.ipu.ualberta.ca/>.

Faculty of Graduate & Postdoctoral Studies use only:

Student ID:

App #:

Signature & Date: