Graduation Readmission Form

Instructions
1. This form is to be used if you are applying to graduate from a program in which you are not currently registered [see University Calendar Section 23.7].
2. Submit completed form with the payment information completed below to:
   Student Connect
   Administration Building
   University of Alberta
   Edmonton AB T6G 2M7
3. 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 as required. For details on the use and disclosure of the information see www.ipo.ualberta.ca.

U of A student ID number

Please provide legal name
Surname
Given Names

Correspondence (mailing) address
Street Address, Apartment Number, Box Number
City
Province
Postal Code
Country
Telephone Number
Email Address

Intended Degree
Faculty
Degree
Major/Minor (or Double Major)

Note: Consult with your faculty or department before submitting this form to ensure that you are eligible for the intended degree.

Expected Date of Graduation
☐ Spring (June) ______ Year ______ for students completing degree requirements in December or April.
   Application Deadline: February 1
☐ Fall (November) ______ Year ______ for students completing degree requirements in June or August.
   Application Deadline: September 1

Are you completing degree requirements at another institution?
☐ Yes ☐ No
   If yes, which Institution?
Deadline to receive the complete official transcript if attending elsewhere: May 1 for Spring Convocation or October 1 for Fall Convocation

Signature
Applicant’s Signature
Date

Payment
The readmission application fee is $75.
Payment options:
☐ Cheque or money order Make cheques payable to the University of Alberta. Do not send cash.
☐ Credit card Mastercard or Visa only

I hereby authorize the payment of $75 (Canadian Funds) for the application of ________________________________________________
Name of Applicant

Card Holder’s Name (as it appears on the card)
Card Holder’s Signature

Credit Card Number
Expire Date

[Signature]
[Date]
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<th>Faculty</th>
<th>Degree</th>
<th>Major/Minor (or Double Major)</th>
<th>Route</th>
<th>Term</th>
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Internal transfer credit granted:

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<th>Grade</th>
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External transfer credit granted:

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Faculty's signature

Date