Course Audit

Registration is limited. Some courses are not available for audit; consult the Department offering the course for details. Deadlines differ for graduate and undergraduate programs. Consult the University of Alberta Calendar, available at www.registrar.ualberta.ca/calendar, §11 for deadline dates and §22.3.10 for auditor regulations. Further details may be obtained from Student Connect, Office of the Registrar at 780.492.3113.

Have you ever attended the University of Alberta previously? [ ] Yes [ ] No

University of Alberta Student ID Number

If you have never attended the University before, your Student ID number will be assigned by the Office of the Registrar and Student Awards.

A) Personal Information

<table>
<thead>
<tr>
<th>Surname</th>
<th>First Name and Middle Name(s)</th>
<th>Former Name (if applicable)</th>
<th>Place of Birth (Country, City)</th>
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<tr>
<th>Country of Citizenship</th>
<th>First Language</th>
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</table>

Citizenship Status in Canada (Check one only)

[ ] Canadian Citizen
[ ] Permanent Resident
[ ] Student Visitor
[ ] Other (Specify)

[ ] You have applied/will be applying for a student authorization.

Mailing Address

Please familiarize yourself with the University of Alberta's Electronic Communications policy: www.registrarsoffice.ca/ecommunications

[ ] Street Address, Apartment Number, Box Number

[ ] City or Town and Province

[ ] Country

[ ] Postal Code

[ ] Home Telephone

[ ] Business Telephone

[ ] Email

Emergency Contact

[ ] Name

[ ] Relationship

[ ] Home Telephone

[ ] Business Telephone

B) Audit Course Information

Check one: [ ] Fall Term (Sept – Dec) [ ] Winter Term (Jan – Apr) [ ] Spring Term (May – June) [ ] Summer Term (July – Aug)

Faculty

[ ] Degree

[ ] Specialization

Enter your course selections below. Include labs and/or seminars sections.

<table>
<thead>
<tr>
<th>Class Number</th>
<th>Course Abbreviation</th>
<th>Course Number</th>
<th>Section Type</th>
<th>Section Number</th>
<th>Are you changing from credit to audit?</th>
<th>Instructor Approval (Signature Required)</th>
<th>Date</th>
</tr>
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C) Advisor’s Approval

Undergraduate students require the advisor’s approval for the following programs only: BA Honors, BLDs, BPh, BMus, BSc (Criminology), all Augustana programs, all Engineering programs, all Rehabilitation Medicine programs, BSc Honors, BSc Specialization, and Transition Year Program. All Graduate Studies and Research students require the signature of the Graduate Coordinator or Department Chair.

Authorized Department Signature: __________________________ Date: ____________

D) Faculty approval is required for all students currently eligible to continue in a degree program (except the Faculty of Arts).

Dean or Designate Signature: __________________________ Date: ____________

E) Declaration and Student’s Signature

I understand that this registration is subject to the regulations specified in the University of Alberta Calendar. I understand that Instructor’s approval does not guarantee registration in the course section if it is subsequently determined that the course section is full. I agree to comply with the regulations of the University. I certify that the information on this application is true and complete in all respects and that I have withheld no information. I understand that misrepresentation, falsification of documents, or withholding of requested information regarding this application are serious offenses and may result in prosecution under the University’s code of behavior 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 Registrar at 780.492.3113. Certain personal information may be made available to federal and provincial government departments and agencies under appropriate legislative authority.

Student’s Signature: __________________________ Date: ____________

Return Completed Form

[1] For Undergraduate Programs: To Student Connect, Administration Building

[2] For Graduate Programs: To Faculty of Graduate Studies and Research, Killam Centre for Advanced Studies, 2-29 Trefethen Hall