



KILLAM CENTRE FOR ADVANCED STUDIES
 2-29 TRIFFO HALL

Phone: 780.492.3499 Fax: 780.492.0692
<http://uofa.ualberta.ca/graduate-studies/>

Student ID	Student Last Name, First Name	
Shared Credential Agreement		
Name of Host Institution		
Year	Term & Course to be taken	
Student's Signature (By signing this form, I agree that all information provided is true and complete.)		Date (MMM DD, YYYY)

U of A Department Participation Approval:		
(By signing this form, I approve the participation of this student in the shared credential program.)		
Supervisor (thesis-based only)	Signature	Date (MMM DD, YYYY)
Graduate Coordinator/ Dept Chair	Signature	Date (MMM DD, YYYY)

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Faculty of Graduate Studies and Research use only:				Signature & Date
<input type="radio"/> Registration & Location	<input type="radio"/> Plan 2	<input type="radio"/> Transcript text	<input type="radio"/> Study Agreement	