



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

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|---|-----------|---------------------|
| 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) |