

## Shared Credential Participation Form [OUTGOING U of A STUDENT]

Phone: 780.492.3499 Fax: 780.492.0692 2-29 TRIFFO HALL https://www.ualberta.ca/graduate-studies/ Student ID Student Last Name, First Name Shared Credential Agreement Name of Host Institution Year Term & Course to be taken Date (MMM DD, YYYY) Student's Signature (By signing this form, I agree that all information provided is true and complete.) **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) Date (MMM DD, YYYY) Signature Date (MMM DD, YYYY) Graduate Coordinator/ Dept Chair Signature

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O Registration & Location O Plan 2

O Transcript text

O Study Agreement

Signature & Date