

Faculty of Graduate Studies and Research

University of Alberta

Edmonton____

Manual Registration FormOff-Campus and Graduate

Canada T6G 2M7

Student ID Number	Other Names in Full																									
Session Date Factorial Month		[] Winter Session (January) 200																								
Mailing Address Street Address, Apartment Number, Box Number									Off-Campus Centre Code																	
City or Town and Province																										
Country and Postal Code (if not in Canada)																										
Canada Postal Code Home Telephone Business Telephone																										
Class number	Course Abbreviation	Course Number Section T			уре	ype Section No.			Tern		Teaching Department Approval															
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								duate Students: nature of Department Chair or Graduate Coordinator is required.																		
Student's Signature Date								ir/Graduate Coordinator Date																		
								Students:																		
Facul									alty Signature Date																	