

**STUDENT INFORMATION**

Last Name: \_\_\_\_\_

REFERENCE NUMBER: \_\_\_\_\_

First Name: \_\_\_\_\_

SPONSORING ID NUMBER: \_\_\_\_\_

Email Address: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Program: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**COURSE INFORMATION**

The course and fees listed below are for the \_\_\_\_\_ session.

Course Name and Number	Course Fees	For Office Use Only		
		Approved:	Yes	No
		Approved:	Yes	No
		Approved:	Yes	No
Total Fees				

Comments:

I have completed the required prerequisite courses prior to submitting this form (see prerequisites in the Athabasca University Graduate Calendar). I am aware that I am responsible for ensuring that I have the necessary academic preparation for the course(s) that I have requested. I understand that my Faculty has the right to withdraw me from the course if evidence of the prerequisite coursework cannot be presented when requested.

Where payment is applicable, instructions for **Electronic Funds Transfer** can be found on-line at:

<http://registrar.athabascau.ca/enrolment/etransfer/index.php>.

**If payment is required, please do not submit your payment until the amount has been confirmed by our Program Office.** Your form will be processed once our office receives confirmation that the required **payment has been received by our Finance** department. For information on fees, see the current Athabasca University Calendar.

Please direct your completed form and any questions you may have to the applicable Program Office:

**Nursing and Health Studies Students:**

Email: [cnhsgrad@athabascau.ca](mailto:cnhsgrad@athabascau.ca)

Or

**Counselling Students:**

Email: [gcapadmin@athabascau.ca](mailto:gcapadmin@athabascau.ca)

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

FOR UNIVERSITY OFFICE USE ONLY:

Confirmation of Receipt (E-mail/Phone) \_\_\_\_\_