REQUEST FOR MANUAL COURSE REGISTRATION
FOR EDUCATIONAL PSYCHOLOGY GRADUATE STUDENTS ONLY

Name: ___________________________________________ U of A Student ID: _______________________
Phone: Home ___________________ Cell _______________ Work _______________________
UAlberta e-mail address: _______________________________________

Current Admission Status

☐ PhD      _____  Counselling – course
☐ MEd      _____  Counselling – thesis
☐ Diploma   _____  School Counselling
      _____  Health Sciences Education
      _____  Measurement, Evaluation & Cognition
      _____  Psychological Studies in Education – Research Stream
      _____  School and Clinical Child Psychology (SCCP)
      _____  Special Education – course
      _____  Special Education – thesis
      _____  Teaching English as a Second Language (TESL)
      _____  Technology in Education

I request approval to take the following course(s) for which I am unable to register on BearTracks:

Course ____________________ Section: Lec __________  Class number (5 digits) __________
Section: Lab/Sem ______  Class number (5 digits) __________
Course ____________________ Section: Lec __________  Class number (5 digits) __________
Section: Lab/Sem ______  Class number (5 digits) __________
Course ____________________ Section: Lec __________  Class number (5 digits) __________
Section: Lab/Sem ______  Class number (5 digits) __________

Term:  ☐ Fall  ☐ Winter  ☐ Spring  ☐ Summer  Year __________

I understand that it is my responsibility to ensure I have the necessary prerequisites and corequisites for courses.
☐ I have the following prerequisites for the course, as listed in the University of Alberta Calendar:
_____________________________________________________________________________________________

If you do not have the prerequisite but think you have an equivalent, please also submit a completed Course Pre-requisite Waiver Form signed by the course instructor.

The course has been added to my program, in consultation with my advisor:  ☐ Yes  ☐ No
Name of Advisor/Supervisor: ___________________________________________

I understand that, if approved, I will be registered in this course by the Department of Educational Psychology, and that it is my responsibility to check BearTracks to ensure registration has been completed and is correct.

Signature of student: ___________________________________________ Date: _______________________

Department Signature for Approval: _______________________________ Date: _______________________

The personal information requested on this form is collected under the authority of Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act to determine eligibility for registration in a course or courses offered by the Department of Educational Psychology. Questions regarding the collection or use or disposal of this information should be addressed to the FOIP Officer, Department of Educational Psychology, Faculty of Education, 6-102 Education North, University of Alberta, Edmonton AB, T6G 2G5.