REQUEST FOR MANUAL COURSE REGISTRATION IN GRADUATE COURSE
FOR OPEN STUDIES STUDENTS ONLY

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

Current Admission Status
☐ OPEN STUDIES

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

Course ____________________ Title: ___________________________________________________________
Section: Lec _______ Class number (5 digits) ____________
Section: Lab/Sem _______ Class number (5 digits) ____________

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

Reason for taking this course:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

I understand that it is my responsibility to ensure I have the necessary prerequisites and corequisites for courses.
☐ There are no prerequisites for the course, other than “Consent of the Department”
☐ 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:

List of EDPY graduate level courses taken: ______________________________________________________

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.