REQUEST FOR MANUAL COURSE REGISTRATION
FOR GRADUATE STUDENTS FROM OTHER DEPARTMENTS

Name: ___________________________________________ U of A Student ID: ______________________
Phone: Home ___________________________ Cell ___________________________ Work ______________________
U of A e-mail address: _________________________________________________________________

Current Admission Status
GRADUATE STUDENT: □ Master’s □ PhD
Department: ___________________________________________ Specialization: _______________________

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: ______________________________________________________

This course is on my Plan of Study: □ Yes □ No

This course has been approved by my Supervisor: □ 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.