AU-Calgary Grouped Study

Undergraduate Course Registration Form For Grouped Study Courses at AU-Calgary



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	ections of this form f	e a General Applicatior for AU grouped study c MESTER)		ted onsite at	Athaba	isca University	Student ID N	umber
General Infor	mation (pleas	se print clearly)						
Name:	LAST	FIRST	MIDDLE	_ Telephone (Pr	rimary):	()		
Mailing Address:				Telephone (Se	econdary):	()		
City/Town:				_ Email Address	5:			
Prov./State:				Date of Birth:		DAY	MONTH	YEAR
Country:								
Postal/ Zip Code:				_				
Course Regist	ration and To	otal Fee Calcula	tion (please p	rint clearly)				
AU Course Code and Number (e.g. ECON 401)		AU Course (e.g. The Changing (of Credits or 6)	to Ath	es Payable abasca ersity
and alumni association outlined in the course s	fees. Learning resour cyllabus. The learning r	ated tuition and learning re ces are textbooks and oth esources fee is non-refund esources to AU unopened a	er learning materials, re able unless you withdra	egardless of format,		Total fees: ‡		
Athabasca Un	iversity Fee P	ayment						
am paying my Athab	pasca University fees	s as detailed in the follo	wing manner:					
A sponsor is payir	ng my fees:PR	OVIDE SPONSOR NAME AND	ATTACH THE SPONSOR'	S LETTER OF GUARANTEE	TO THIS FORM			
_ ,		(loans/grants) and I co		3 .	,			ırses start.)
Cheque / Money 0	Order – payable to A	Athabasca University –	attached to this form	ı .				
Charge to my cred	dit card: 🔲 VISA	☐ MasterCard	☐ AMERICAN EXP	RESS				
Card number:				Expiry date:	_/			
		ed, Athabasca Universi ion, you will not be reg				rect amount. I	f your credit c	ard company
For current fee info	ormation, refer to a	n Athabasca University (Calendar or online at	calendar.athabascau	.ca/undergra	nd/current/fee:	s-refunds/fees	s.php

Prerequisite Declaration (please print clearly)

submit if applicable to course(s)

Athahasca	University St	tudent ID I	Number

1. Regarding AU course(Course Code and Number above)	I declare tha	llowing course at	
	on		and I want this course to be accepted as fulfilling
(Name of Institution)		(Date completed)	
the prerequisite requirements.			
2. Regarding AU course	, I declare tha	at I have passed the fo	llowing courseat
(Name of Institution)	on	(Date completed)	and I want this course to be accepted as fulfilli
the prerequisite requirements.		, , , , , , , , , , , , , , , , , , , ,	
Your prerequisite declaration signifies your agreement to	3		
You may be requested to submit an official transcript a		•	,, ,
2. If it is determined that you have made a false declarati	. ,		
 A false declaration may be regarded as an act of acade University Student Code of Conduct and Right to Appe http://calendar.athabascau.ca/undergrad/current/stuc 	eals Regulation	ns:	sciplinary action under the Athabasca
4. You accept sole responsibility for researching any cour prerequisite course. In addition, you certify that you h for any course work completed through an Alberta co Athabasca University specified prerequisite course.	ave consulted	AU's Transfer Credit Sear	rch (https://secure3.athabascau.ca/tcas/)
Your signature below means that:			
☐ The personal information you have provided is correct	t, and		
You have read and understood the Prerequisite Decla	ration above.		
Signature:			Date:

The personal information collected on this form, and any other personal information collected and maintained as part of a student's record, will be used for the purposes of admission, registration, issuing income tax receipts, scholarships and awards, convocating, sending educational information, for university research and planning, and for the purpose of processing payment, if applicable. Certain personal information will also be disclosed to Statistics Canada (as required by the Statistics Act [Canada]), Advanced Education to meet reporting requirements, and by agreement, to the Students' Union and Alumni Relations for the purposes of membership, fee collection, and contacting students. This information is collected under the authority of the Post-secondary Learning Act, 2003, which mandates the programs and services offered by Athabasca University, and Section 33(c) of Alberta's Freedom of Information and Protection of Privacy Act. The information will be protected by the provision of Alberta's Freedom of Information and Protection of Privacy Act. If you have any questions about the collection and use of this information, contact the Coordinator, Enrolment, Records, and Examination Services, Athabasca University, 1 University Drive, Athabasca, Alberta T95 3A3. Phone: 800.788.9041.

Please submit this form (and fees) to:

Enrolment Services Office of the Registrar Athabasca University 1 University Drive Athabasca, AB T9S 3A3 Tel: 1-800-788-9041

Email: partnership@athabascau.ca*

^{*} Note: this email address is provided to obtain information only. Students should not send personal or financial information via email as it is not a secure method of communication.