

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				

Cheque attached (Payable to Athabasca University)

Credit Card (Click here for [Charge Form](#))

Comments:

For information on fees, see the current Athabasca University Calendar

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.

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

Nursing and Health Studies Students:

Faculty of Health Disciplines
Athabasca University
1 University Drive
Athabasca, AB T9S 3A3
Email: cnhsgrad@athabascau.ca
Fax: 780-675-6468

OR

Counselling Students:

Faculty of Health Disciplines
Athabasca University
1200, 10011 - 109 Street
Edmonton, AB T5J 3S8
Email: gcapadmin@athabascau.ca
Fax: 780-421-5046

Student Signature: _____

Date: _____

FOR UNIVERSITY OFFICE USE ONLY:

Confirmation of Receipt (E-mail/Phone) _____