

**TO BE COMPLETED BY THE STUDENT**

Last Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

First Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Program: \_\_\_\_\_

I understand that I have not fulfilled the academic requirements for my graduate program during the past academic year, \_\_\_\_\_ (September-August) because I have not completed the required 6 credits of course work in my graduate program.

I understand that I will receive permission to continue in the program only if I commit to successfully completing a minimum of 6 credits during the upcoming academic year, \_\_\_\_\_ (September-August). Successfully completing a minimum of 6 credits each year will allow me to maintain program status and therefore continue in the program.

I have listed my course registration plans for the \_\_\_\_\_ academic year below:

Term	Year	Course Number(s)
Fall	_____	_____
Winter	_____	_____
Spring/Summer	_____	_____

**IMPORTANT:** I understand that if I do not return this form by the deadline date, then I will be automatically withdrawn from my graduate program due to academic reasons.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

**Nursing and Health Studies Students:**

Email: [cnhsgrad@athabascau.ca](mailto:cnhsgrad@athabascau.ca)

Fax: 780-675-6468

**OR**

**Counselling Students:**

Email: [gcapadmin@athabascau.ca](mailto:gcapadmin@athabascau.ca)

Fax: 780-421-5046

FOR UNIVERSITY OFFICE USE ONLY:

Approval Granted:  Date:  Authorized by: