

(A) Student Information:

COURSE SELECTION FORM

Faculty of Graduate Studies

Registration Procedure

- 1) Complete Sections (A) and (B) on this form.
- 2) Submit the completed form to the Registrar's Office by the appropriate deadline. (Section 2.0 'Academic Schedule')
 - Email: graduateregistration@concordia.ab.ca. (Write 'Course Selection Form' in the subject line of the email.)
 - Fax: 780-378-8460 (Attention: Registrar's Office)
 - In person: Room HA120, Student and Enrolment
- 3) Once submitted, course selection forms are processed only after being approved by the appropriate program chair. The forms generally take up to 5 business days to be processed. Students will be notified by email after completion.

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Surr	name:					Given N	ame(s):			
Stuc	dent ID:					Academic Year:				
Prog	gram of Stud	r.				Student Status:		New	Continuing	Returning
									g the above acader	
#	Fall Semester (SEF		P-DEC) Wint		er Seme	ster (JA	N-APR)		Spring Semester (MAY-AUG)	
#	Cours	Course Code		Cou	urse Cod	ode Secti		on	Course Code Section	
1										
2										
3										
4										
5										
6										
	Non-pa			nsible for the d					egistration. your course(s) or p	rogram.
Student Signa (Do not type.)							Date:			
				OF	FICE US	E ONLY				
Advis	sor's Note									
Reg Classification: Academic Standing:										
Adm/Reg Conditions: Pre-req/Co-req: Degree Evaluation:										
Depa	rtment App	roval								
Nam	ne:					Signature:				
Date	э:									
Facu	Ity of Gradu	ate Studies								
Rece	eived: by:	py: on: \Box D			□ Dom	mestic Internationa			Encumbrance:	□ No □ Yes:
	e-reg		Registered:	By: On:				Email Confirmation:		