

Submit the completed form to the Faculty of Graduate Studies office by the appropriate deadline.

- **Email:** graduateregistration@concordia.ab.ca. (Write 'Course Selection Form' in the subject line of the email.)
- **Fax:** 780-378-8460 (Attention: Graduate Studies Advisor)
- **In person:** Room HA120, Student and Enrolment Services – only during Graduate Studies Advisor's office hours, which can be found online at: www.graduatesudies.concordia/contact.

Student Information:

Surname:		Given Name(s):	
Program:		Student ID:	
Last Registered Semester:		Returning Semester:	

Personal information:

Citizenship Status:	<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Convention Refugee <input type="checkbox"/> Student Visitor <input type="checkbox"/> Other Visa		
Effective Date:		Country of Citizenship:	

Current address:

Street Address:			
City:		Province:	
Postal Code:		Country:	
Home Phone #:		Other Phone #:	
Email Address:			

Permanent address:

Is your permanent address the same as your current address? Yes No

If no, please provide your permanent address.

Street Address:			
City:		Province:	
Postal Code:		Country:	
Home Phone #:		Other Phone #:	

Emergency contact:

Last Name:		First Name:	
Relationship:	<input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Spouse/ Life Partner <input type="checkbox"/> Child <input type="checkbox"/> Next of Kin/ Legal Guardian <input type="checkbox"/> Other		
Phone #:		Email Address:	

Primary activity during your time off since your last registered semester at CUCA:

Please check your primary activity during your time off:
 Student In the labour force Other activity

Please check the primary location of your activity during your time off:
 Alberta Other Canadian province Outside Canada

Post-Secondary Credentials:

Have you attended or taken courses at any post-secondary institution(s) for any length of time since you last attended CUCA? Yes No

If yes, please provide the following information for each institution that you have attended, are currently attending, or will be attending before starting your next semester at CUCA:

Name:					
Location:			Program:		
Starting Date (Month/Year):			Ending Date (Month/Year):		
Certificate/ Diploma / Degree Received:					
Date Received:					
Were you required to withdraw?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, date withdrawn:		

Name:					
Location:			Program:		
Starting Date (Month/Year):			Ending Date (Month/Year):		
Certificate/ Diploma / Degree Received:					
Date Received:					
Were you required to withdraw?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, date withdrawn:		

Student declaration:

I certify that all statements made in connection with this 'Student Information Update' form are true and complete in all respects and that no information has been withheld. I understand that misrepresentation, falsification of documents or withholding of requested information are considered serious offences.

Student Name (please print legibly): _____

Student Signature: _____ Date: _____

-----**OFFICE USE ONLY**-----

Received:	By:	On:	Encumbrance:	<input type="checkbox"/> No <input type="checkbox"/> Yes:	Adm. Class:	<input type="checkbox"/> Regular Grad. Student <input type="checkbox"/> Other:
Academic Standing:	<input type="checkbox"/> Satisfactory <input type="checkbox"/> on Academic Probation	Semester:		Processed:	By:	On: