



Athabasca University



Aspen View Public Schools

Office of the Registrar, Athabasca University
1 University Drive, Athabasca, AB T9S 3A3
Toll Free in Canada/US: 1.800.788.9041
Other: 780.675.6111, Fax: 780.675.6174

Undergraduate Course Registration Form

STUDENT ID NUMBER (if applicable)

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This form is to be completed by individualized study students only. New and inactive students must also complete the Undergraduate General Application Form.

FOR OFFICE USE ONLY

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SPONSORING CLIENT ID NUMBER

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REFERENCE NUMBER

General Information (please print)

Name: _____
LAST FIRST MIDDLE

Former Name: _____
LAST FIRST MIDDLE

Mailing Address: _____

CITY/TOWN PROVINCE/STATE

COUNTRY POSTAL/ZIP CODE

Telephone: () _____
RESIDENCE
Email: _____
E-MAIL

Course Registration and Fees

Course name and number (e.g., ORGB 364)	Number of credits	Preferred start date		Course fees
		Month	Year	

Comments: _____ **Total fees**

Alternative Course Choices

Course name and number (e.g., ORGB 364)	Number of credits	Preferred start date		Course fees
		Month	Year	

Comments: _____ **Total fees**

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, and for university research and planning. 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 the Alberta Freedom of Information and Protection of Privacy Act. The information will be protected by the provision of the Alberta 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 Services, Athabasca University, 1 University Drive, Athabasca, Alberta T9S 3A3. Phone: 800.788.9041.

Student Signature: _____ **Date:** _____



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Undergraduate General Application Form

If you require assistance, please contact the Office of the Registrar, Athabasca University.

If you do not know your Alberta Student Number (ASN), please visit the Government of Alberta Education website: education.alberta.ca/students/asn.aspx

FOR OFFICE USE ONLY

SPONSORING CLIENT ID NUMBER
REFERENCE NUMBER

ATHABASCA UNIVERSITY STUDENT ID NUMBER (if applicable)

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ALBERTA STUDENT NUMBER (ASN)

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Section A: General Information (please print)

Athabasca University gathers this information on behalf of the institution and/or Alberta Advanced Education and Technology.

Legal Name: _____
LAST FIRST MIDDLE

Former Name: _____
LAST FIRST MIDDLE

Mailing Address: _____

CITY/TOWN PROVINCE/STATE

COUNTRY POSTAL/ZIP CODE

Telephone: () _____
RESIDENCE

Email: _____
EMAIL

* Advanced Education is collecting this personal information pursuant to Section 33(C) of the *Alberta Freedom of Information and Protection of Privacy (FOIP) Act* as the information relates directly to and is necessary to meet its mandate and responsibilities to measure system efficiencies and develop policies, programs, and services to improve Aboriginal learner success, in addition to other legislation applicable to the educational institution.

For further information, or if you have questions regarding the collection activity, please contact the Director, Aboriginal Policy, Policy Sector, Information and Strategic Services Division, Advanced Education, 10155 102 Street, Edmonton, Alberta T5J 4L5. Phone: 780.427.8501

- I am a student with a disability. (Optional) Yes No
 If yes, please describe your disability: _____
- Do you wish to declare that you are of Aboriginal ancestry within the meaning of the Constitution Act of 1982? If so, please specify*:
 Status Indian/First Nation Métis Non-status Indian/First Nation Inuit
- Gender: Male Female
- Date of Birth: _____
DAY MONTH YEAR
- Citizenship: Please indicate the country of your citizenship.
 Canada Other (indicate country): _____
 If other, and if you currently reside in Canada, please specify your immigration status and provide a photocopy of the relevant immigration document.
 Permanent resident/landed immigrant Study authorization/permit
 Other (indicate status): _____
- First Language: This information is collected to determine English proficiency. Please select the first language you learned and still understand:
 English French Other (indicate language): _____

I agree to abide by the rules and regulations of Athabasca University as outlined in the online *Calendar*, and as they may be amended. I certify that the information I have provided is true and complete in all respects and that no relevant information has been withheld. I agree that Athabasca University retains the rights to nullify my application if the information provided is false or incomplete. Falsification and misrepresentation of credentials or supporting documents is considered an academic offence and penalties may be imposed under Athabasca University's Student Code of Conduct and Right to Appeal Regulations, at calendar.athabascau.ca/undergrad/page11.php.

Student Signature: _____ Date: _____



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www.athabascau.ca
Or scan and email to:
acrec@athabascau.ca

Waiver: Release of Information Form

Athabasca University requires your written permission before it can release specific information to third parties. This waiver will remain in effect for up to one year from the date listed on this form. Students can identify a shorter time period, if desired. Notice will NOT be provided by AU when the waiver expires.

STUDENT ID NUMBER

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FOR OFFICE USE ONLY

SPONSORING CLIENT ID NUMBER
REFERENCE NUMBER

General Information (please print)

Student Name: _____
LAST FIRST MIDDLE

Mailing Address: _____
CITY/TOWN PROVINCE/STATE

COUNTRY POSTAL/ZIP CODE

Telephone: () ()
(AREA CODE) RESIDENCE (AREA CODE) BUSINESS

Fax/E-mail: () _____
(AREA CODE) FAX E-MAIL

Permission

The personal information collected on this form will be used to process your request to release specific information. This information is collected under the authority of Section 33 (c) of Alberta's *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection and use of this information, please contact the Coordinator, Academic Records and Examinations, Office of the Registrar, Athabasca University, 1 University Drive, Athabasca, AB Canada T9S 3A3. Phone: 800.788.9041.

I hereby authorize Athabasca University to release to the third party(ies) below, the following information regarding:

- Full record
- My performance in the following course(s):

To: _____

Note: This waiver is in effect for a maximum of one year from the date listed below unless the student identifies a shorter time period.

I would like to identify a shorter time period:

Student signature: _____

Date: _____