

Graduate Programs in Distance Education

EDDE/MDDE Course Registration Form

1 University Drive, Athabasca				AU STUI	AU STUDENT ID NUMBER	
Canada/US: 1-800-788-9041 (ther: 1-780-675-6179		For Office Use Only:	SPONSORING C	LIENT ID NUMBER	
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Please print clearly and complete all sections. General Information (please print)				REFERENCE NU	<i>IMBER</i>	
General Information (pi	ease print)					
Name:			Former Name:			
Last	First	Middle	Last	First	Middle	
Mailing Address:			Telephone (Residence): ()) area code			
City/Town:			Telephone (Business): () area code			
Province/State:	Postal/Zip	Code:	Fax Number: (area code)			
Country:			E-mail Address:			
Course Registration an	d Fees					
Course name and number				No. of credits	Course fees	
				3		
Comments			N.B. All fees are payable upon application. Post dated cheques not accepted	- Total fees:		
			Payment enclosed, please make cheque or order payable to Athabasca University.	neque or money ersity.		
			Payment by VISA or MasterCard. Student Financial Aid			
			Letter of Guarantee			
			E-Transfer			
			_ 114110101			

Notes: Ensure that you have the necessary academic preparation for the course(s) requested (see prerequisites in the Athabasca University Graduate Calendar

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]), Alberta Learning to meet reporting requirements, and by agreement, to the Students Association and Alumni Relations for the purposes of membership, fee collection and contacting students. This information is collected under the authority of the Alberta Universities Act that mandates the programs and services offered by Athabasca University and section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act. It will be protected by the provisions of the Alberta Freedom of Information and Protection of Privacy Act. If you have any questions about the collection and use of this information, please contact the Director, Centre for Distance Education, Athabasca University, 1 University Drive, Athabasca, AB Canada T9S 3A3 Telephone: 1-780-675-6238.

Signature: Date:

Please email completed forms to mde@athabascau.ca



You may use your VISA or MasterCard to pay Athabasca University fees. Please fill in **AU Student ID#** this form, and be sure to include your student number. Charge to: Visa Expiry date: Mastercard Description (e.g., application fee, evaluation fee, or Name: course name and number) **Amount charged** Address: __ Postal code: _____ The personal information collected on this form will be used for the purpose of processing payments. This personal information is being collected under the authority of section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act. If you have any \$ **Total** questions about the collection and use of this information, contact the Senior Accountant, Athabasca University, 1 University Drive, Athabasca, AB Canada T9S 3A3 Telephone: (780) NOTE: Where incorrect fees are listed, Athabasca University will automatically charge your account with the correct amount. See Signature: