

AU Grouped Study General Application Form



AU Programs and Courses onsite at Athabasca University Edmonton or Calgary.

New and inactive students must complete this form for admission to Athabasca University.

- I am taking courses on site at AU-Edmonton
 I am taking courses on site at AU-Calgary

Athabasca University Student ID Number

Alberta Student Number (ASN)

General Information (please print clearly)

Name:	LAST	FIRST	MIDDLE	Telephone (Primary):	()
Former Name: (if applicable)	LAST	FIRST	MIDDLE	Telephone (Secondary):	()
Mailing Address:	_____			Email Address:	_____
City/Town:	_____			Date of Birth:	DAY MONTH YEAR
Prov./State:	_____				
Country:	_____				
Postal/ Zip Code:	_____				

Athabasca University gathers the following information on behalf of the institution and/or Alberta Advanced Education

Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Unspecified
Are you a person with a disability? (optional)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you an Aboriginal person residing in Canada? (optional)	<input type="checkbox"/> Yes	If yes: <input type="checkbox"/> First Nation Status Indian <input type="checkbox"/> First Nation Non-Status Indian	<input type="checkbox"/> Métis <input type="checkbox"/> Inuit
Citizenship:	<input type="checkbox"/> Canadian	Other (country of citizenship): _____	
		If other: <input type="checkbox"/> Study Authorization/ Permit <input type="checkbox"/> Permanent Resident/Landed Immigrant	
First Language:	<input type="checkbox"/> English	<input type="checkbox"/> French	<input type="checkbox"/> Other (indicate language): _____
Level of education completed (check all that apply):	<input type="checkbox"/> High School Diploma	<input type="checkbox"/> College, Vocational School, or Technical Institute Diploma/Certificate	<input type="checkbox"/> Some University <input type="checkbox"/> University Degree

Educational History (please print clearly)

Please list ALL post-secondary institutions, including Athabasca University, in order of attendance. If you need more space please add a separate sheet and attach it to this form.

Institution	City/Town	Years attended	Name of Credential	Credential received? (yes/no)	Shaded area for office use only
		to			
		to			

To arrange for an AU evaluation of your transcripts for transfer credit towards an AU degree, please arrange with the institution(s) above to send your official transcript(s) to: Office of the Registrar, Athabasca University, 1 University Drive, Athabasca, AB, T9S 3A3.

