



STUDENT ID NUMBER

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FOR PAYROLL USE ONLY

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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

Employee Name : _____
 Staff Spouse Dependant¹
 Regular Supplemental

General Information (please print)

Student's Name: _____
 LAST FIRST MIDDLE

Former Name: _____
 LAST FIRST MIDDLE

Mailing Address: _____

 CITY/TOWN PROVINCE/STATE

 COUNTRY POSTAL/ZIP CODE

Telephone: () _____ () _____
 RESIDENCE BUSINESS

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

Staff Dependant SIN: _____

Course Registration and Fees

Course name and number (e.g. ORGB 364)	Number of credits	Credit or audit <input type="checkbox"/> Credit <input type="checkbox"/> Audit	Preferred start date		Fees ²
			Month	Year	
		<input type="checkbox"/> Credit <input type="checkbox"/> Audit			
		<input type="checkbox"/> Credit <input type="checkbox"/> Audit			
Comments:				Total fees	

Alternative Course Choices

Course name and number (e.g. ORGB 364)	Number of credits	Credit or audit <input type="checkbox"/> Credit <input type="checkbox"/> Audit	Preferred start date		Fees ²
			Month	Year	
		<input type="checkbox"/> Credit <input type="checkbox"/> Audit			
		<input type="checkbox"/> Credit <input type="checkbox"/> Audit			
Comments:				Total fees	

Employee **Signature:** _____ **Date:** _____
 Spouse/Dependant **Signature:** _____ **Date:** _____

For dependant over age 18: I declare I am financially responsible for _____

¹By definition, if the dependant is over 18 years old, he/she must be supported by an AU staff member according to income tax regulations.
²For undergraduate course registrations, **AUSU/Alumni fees are required.**

I agree that if I fail to complete these course(s), or terminate my employment before completion of the course(s), (applicable to supplemental registrations only) Athabasca University (AU) has the authority to deduct the required fees through a lump sum payroll deduction. In the event the staff member terminates or is terminated, it is the responsibility of the dependant to pay all required fees associated with this registration. By signing this form, I authorize the release of my final grades and/or status in the course(s) to AU or designate.

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Prerequisite Declaration (please print)

I, _____, declare that I have passed
NAME
 _____ at _____
COURSE INSTITUTION
 on _____ and want this course to be accepted as
DATE
 fulfilling the prerequisite requirements for _____.
COURSE

I recognize that:

- 1) I may be requested to submit an official transcript and/or detailed course description to verify this statement.
- 2) If it is determined that I have made a false declaration, I will be withdrawn from the course and no fees will be refunded.
- 3) Completion of a false declaration may also constitute an act of academic misconduct, which could result in disciplinary action under the Athabasca University Student Code of Conduct and Right to Appeal Regulations.
- 4) I am **solely** responsible for determining that the material presented in the Athabasca University prerequisite course has been adequately covered within the course I have identified above.

I certify that in determining I have met the prerequisite, I have consulted the *Alberta Transfer Guide* for course work completed through an Alberta college or technical institution.

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*, which mandates the programs and services offered by Athabasca University, and Section 33(c) of *Alberta's Freedom of Information and Protection of Privacy Act*. The information will be protected by the provision of *Alberta's 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 and Academic Records, Athabasca University, 1 University Drive, Athabasca, Alberta T9S 3A3. Phone: 800.788.9041.

Signature: _____ **Date:** _____

Method of Payment

Name: _____
 Address: _____

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 *Alberta's Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection and use of this information, contact: Senior Accountant, Athabasca University, 1 University Drive, Athabasca, Alberta, T9S 3A3, Phone: 800.788.9041.

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 AMERICAN EXPRESS®

POSTAL/ZIP CODE _____

_____/_____
 EXPIRY DATE

Where incorrect fees are listed, Athabasca University will automatically charge your account with the correct amount.

STUDENTS' UNION FEE*	
ALUMNI RELATIONS FEE*	
TOTAL	

*For current Students' Union and Alumni Relations fees, please visit: calendar.athabascau.ca/undergrad/current/page05_07.php

Student Signature: _____

Date: _____