

TO BE COMPLETED BY THE STUDENT

Last Name: _____

Student ID Number: _____

First Name: _____

Phone Number: _____

Email Address: _____

Program: _____

I understand that I have not fulfilled the academic requirements for my graduate program during the past academic year, _____ (September-August) because I have not completed the required 6 credits of course work in my graduate program.

I understand that I will receive permission to continue in the program only if I commit to successfully completing a minimum of 6 credits during the upcoming academic year, _____ (September-August). Successfully completing a minimum of 6 credits each year will allow me to maintain program status and therefore continue in the program.

I have listed my course registration plans for the _____ academic year below:

Term	Year	Course Number(s)
Fall	_____	_____
Winter	_____	_____
Spring/Summer	_____	_____

IMPORTANT: I understand that if I do not return this form by the deadline date, then I will be automatically withdrawn from my graduate program due to academic reasons.

Student Signature: _____

Date: _____

Please direct your completed form and any questions you may have to the applicable Program Office:

Nursing and Health Studies Students:

Email: cnhsgrad@athabascau.ca

OR

Counselling Students:

Email: gcapadmin@athabascau.ca

FOR UNIVERSITY OFFICE USE ONLY:

Approval Granted: Date: Authorized by: