

REGISTRAR'S OFFICE

1407 14 Avenue NW
Calgary, Alberta T2N 4R3

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STUDENT NAME: _____

STUDENT ID# : _____ MAJOR: _____

Participated in Mobility/Exchange Program, (year)_____ (semester)_____ semester.

Participated in New York Studio Residency Program, (year)_____ (semester)_____ semester.

Host Institution: _____

MOBILITY / EXCHANGE PROGRAM	CREDITS	AUArts EQUIVALENT	APPROVAL
SEMESTER			
STUDIO COMPONENT			
LIBERAL STUDIES COURSES (if any)			
1.			
2.			
3.			

APPROVALS

The above noted studio courses approved as basis of waiver of the following required major courses:

HEAD of MAJOR: _____ DATE: _____

HEAD of LIBERAL STUDIES _____ DATE: _____

REGISTRAR'S OFFICE: _____ DATE: _____

OFFICE USE ONLY

Date Transcript Received: _____ Date Credits Entered: _____

Level 01 SHATCMT Comment Entered:

Participated in Mobility/Exchange Program _____ Semester

Host Institution: (insert institution above)

SOAPCOL Entry Verified: _____ SRECORD Verified: _____