

APPLICATION FOR REGISTRATION AS A SPECIAL STUDENT

NAME: _____ STUDENT # : _____
TELEPHONE: _____ E-MAIL : _____

ACADEMIC BACKGROUND: (PLEASE PROVIDE TRANSCRIPTS AND CURRICULUM VITAE)

<u>DEGREE</u>	<u>DISCIPLINE</u>	<u>UNIVERSITY</u>	<u>DATE COMPLETED</u>
1. Are you presently a member of a professional group? YES NO			
If yes, specify: _____			
2. Are you presently registered at the University of Ottawa? YES NO			
If yes, in what program? _____			
3. Have you previously taken courses as a special student at the University of Ottawa? YES NO			
If yes, which courses did you complete?	<u>Course</u>	<u>Date completed</u>	
	_____	_____	
	_____	_____	
	_____	_____	

4. For what purpose do you wish to take courses?

- a) For transfer of credits
- b) For upgrading purposes
- c) For personal interest
- d) For professional certification
- e) For postdoctoral training in professional psychology

5. WHICH COURSE(S) DO YOU WISH TO TAKE? _____

Applicant's signature: _____ Date: _____

6. PLEASE REQUEST PERMISSION FROM THE PROFESSOR(S) TEACHING THE COURSE(S).

I hereby agree to the registration of the above mentioned person as a special student in the course _____, provided that it meets with the approval of the Graduate Studies Committee of the School of Psychology. I am satisfied that the person has the required background to take this course.

Professor's name:

Signature:

Date:

I hereby agree to the registration of the above mentioned person as a special student in the course _____, provided that it meets with the approval of the Graduate Studies Committee of the School of Psychology. I am satisfied that the person has the required background to take this course.

Professor's name:

Signature:

Date:

GRADUATE STUDIES COMMITTEE'S RECOMMENDATION:

Date: _____