

Faculty of Graduate and Postdoctoral Affairs

Access to CULearn

For University of Ottawa Joint Program Students Only
Please Print Clearly

First Name: _____

Last Name: _____

Previous Last Name (if applicable): _____

Date of Birth (yyyy/mm/dd): ____/____/____

Program and Degree Designation at the University of Ottawa: _____

Carleton ID (if known): _____

Have you ever requested Access to CULearn before? Yes: No:

If yes, term: _____

Carleton Course Information:

Please provide proof of registration. This form is to be completed only after the finalization of registration.

Term	Course Registration Number (CRN)	Carleton Course Number and Section	Course Name

Phone Number: _____

University of Ottawa Email Address: _____

NOTE: Please save and email to graduate.studies@carleton.ca You will receive a confirmation email within 2-3 business days.

"The personal information requested on this form is collected in accordance with Sections 38(2) and 41(1) of the Freedom of Information and Protection of Privacy Act (FIPPA), R.S.O. 1990, c.F.31 as amended. The information provided will not be used for any purposes other than those stated upon this form unless the applicant provides express written consent. Should you have any questions concerning your personal information, please contact Joanne Bree, FIPPA representative for the Faculty of Graduate and Postdoctoral Affairs, 512 Tory Building, 613-520-2525. Carleton University is fully compliant with FIPPA and endeavours at all times to treat your personal information in accordance with this law."