Please complete both sides of this form and return it in person, by fax or email attachment. Balloting deadlines and other instructions are given in the on-line Registration Handbook & Timetable and Faculty of Arts & Science Calendar. Please ensure that you are not registered in more than 5 courses on ROSI before you submit this form.

Return Address: Undergraduate Administrator
Women and Gender Studies Institute
New College, University of Toronto
Room 2036, Wilson Hall, 40 Willcocks St.
Toronto, Ontario M5S 1C6
Fax: 416-946-5561
grad.womenstudies@utoronto.ca

NAME: ___________________________ STUDENT NO. ___________________________

FACULTY: Arts and Science [ ] COLLEGE: ___________________________
Other ___________________________ Division: ___________________________

Are you: A degree student? [ ] Special Student? [ ]
Full-time? [ ] Part-time? [ ]

Are you enrolled in a: Minor [ ] Major [ ] Specialist [ ]
In which Undergraduate Program(s)? (Ex. Women and Gender Studies)

______________________________

During School Address:

______________________________

What is the best way to reach you (please provide one phone number and your email address):

Home Telephone: ___________________________ Business Telephone: ___________________________
Cell Phone: ___________________________ Email: ___________________________

COURSE NUMBER AND TITLE: ___________________________
Examples: WGS426H1: Gender and Development
WGS470Y1: Community Engagement

SESSION: Fall (F); Spring (S) or Full-Year (Y): ___________________________

COURSE INSTRUCTOR’S NAME: ___________________________
Please outline your reasons for wishing to take this course:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please list previous university courses taken that relate to this course:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

And others you plan to take during the coming session:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Student Signature: ____________________________ Date: ________________

________________________________________________________________________

WGSI PROGRAM OFFICE USE ONLY:

Approved [ ] Not Approved [ ]

Course Instructor: ____________________________ Date: ________________

Undergraduate Coordinator: ____________________________ Date: ________________