



School of Graduate Studies
University of Toronto

Enrollment Form

This form is to be used when course enrollment through the Student Web Service is unavailable. Please note that course enrollment does not constitute registration. Students are registered by either paying or deferring tuition fees.

SECTION 1: To be completed by student. Please print or type.

Name _____ Student Number _____ Email _____

Department _____ Degree _____ Session _____

Status: Full-time On-campus Collaborative/Combined Program
 Part-time Off-campus (Specify)

SECTION 2: To be completed by student in consultation with department.

Date of first registration in program _____ Time Limit _____

Thesis, Research Paper or Project (if required) _____

Supervisor _____ Major Field _____ Minor Field(s) _____

Has your doctoral supervision committee been set up? _____ If yes, when did it last meet? _____
(For doctoral students only)

Course/Activity Title	Required (Y/N)	Academic Activity Code	Session Code	Meeting Session

I certify that upon completion of registration I will abide by the academic, non-academic administrative, library, disciplinary and other rules and regulations of the University and the School of Graduate Studies and will assume the obligation to pay academic and incidental fees according to the policies and requirements of the University. I hereby declare that the above information is correct and complete and that I am aware that sanctions may be applied for a false declaration. By registering for this program I affirm that I understand that any computing, communications or copying equipment, service or facility made available to me by the University is for academic purposes only. I understand that other uses, including use for commercial and personal gain, for software or other copyright infringement, or for any illegal or disruptive purpose, are not authorized. I also understand that I am not permitted to use any University computer accounts other than those explicitly made available to me by the University. I accept full responsibility for all computer accounts made available to me, and any sanctions that may arise from unauthorized or inappropriate use.

Student's Signature _____ Date _____

The University of Toronto respects your privacy. The information on this form is collected pursuant to section 2(14) of the University of Toronto Act, 1971. It is collected for the purpose of administering admission, registration, academic programs, university-related student activities, activities of student societies, financial assistance and awards, graduation and university advancement, and for the purpose of statistical reporting to government agencies. At all times it will be protected in accordance with the Freedom of Information and Protection of Privacy Act. If you have questions, please refer to www.utoronto.ca/privacy or contact the University's Freedom of Information and Protection of Privacy Office at 416 946-5385, Room 201, McMurich Bldg., 12 Queen's Park Crescent, Toronto, ON, M5S 1A1.

I certify to the best of my knowledge that the information given in Section 1 is correct and approve the program in Section 2.

Chair/Coordinator _____ Home Dept _____ Date _____

Chair/Coordinator _____ Other Dept _____ Date _____

Chair/Coordinator _____ Other Dept _____ Date _____