**Enrollment Form**

**School of Graduate Studies**
**University of Toronto**

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
- [ ] Part-time
- [ ] On-campus
- [ ] Off-campus
- [ ] Collaborative/Combined Program
  
(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)

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<tr>
<th>Course/Activity Title</th>
<th>Required (Y/N)</th>
<th>Academic Activity Code</th>
<th>Session Code</th>
<th>Meeting Session</th>
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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 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 ____________________________

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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 ____________________________