REGISTRATION FORM

NAME AND CONTACT INFORMATION

| | | Home |
|---|----------------------------|---|
| Last Name | | lf you are a |
| First Name | your addre enrolled, pl | |
| The School of Continuin | g Studies Learner Number | |
| (if you are a returning lear | mer of the School) | Number |
| Gender | Suite | |
| Date of Birth (day/month. | Province | |
| UTORid (if you are a retur | Daytime tele | |
| If you have an existing UTORid, please ensure that your name associated with your UTORid exactly matches the spelling and format of your name provided on this registration form. | | E-mail addre Please prov address for School. |
| Are you a University o Alumnus/Alumna? | f Toronto | EMPLOYE |
| Yes | No | Employer (or |
| | | Title (optiona |
| | | Department |
| | | Would you and update |

PREFERRED ADDRESS

Office

returning School learner and ess has changed since you last lease check here:

| Number | Street |
|----------|-------------|
| Suite | City |
| Province | Postal Code |

phone number

ess

vide a unique (not shared) email r all communications with the

R INFORMATION

ptional)

al)

(optional)

like to receive newsletters es regarding the School of Continuing Education courses and programs? Yes No

PAYMENT INFORMATION

Full payment must accompany this form. Please make certified cheques or money orders payable to University of Toronto. Cash payments will not be accepted.

Paid by: Visa Mastercard American Express Money order

Expiry date

Name of cardholder

Signature

Date

Complete form and fax to 416.978.6666 or mail to:

Enrolment Services School of Continuing Studies University of Toronto 158 St. George Street Toronto, Ontario M5S 2V8

I accept full responsibility for the information submitted on this form and agree to abide by the policies and procedures printed in the School of Continuing Studies calendar.

Learner signature

Date

| COURSE INFORMATION | | | | | | | | |
|---|---|---|--------------|--|------------|---------|--|--|
| Course Number | | Section | Course Title | | Start Date | Tuition | | |
| | - | | | | | | | |
| | - | | | | | | | |
| | - | | | | | | | |
| | - | | | | | | | |
| Name of the School of Continuing Studies Certificate you are working toward, if applicable: | | HST (if applicable. Check course description) | | | | | | |
| | | Total Due | | | | | | |

If you are having difficulties accessing or printing this form, please email us at learn@utoronto.ca and we will send you an alternate version by email or fax. You may also visit us in-person at 158 St. George Street, 1st floor, Toronto.

