

## Name and Contact Information

Surname

Given Name

Mr.     Mrs.     Ms.     Miss

Other

Date of Birth (day/month/year)

SCS Student Number (if applicable)

Would you like to receive newsletters and updates regarding SCS courses and programs?

Yes     No

## Home Address

Number                      Street

Suite                              City

Province                      Postal Code

Telephone number      Fax Number

E-mail Address

If you are a returning SCS student, has your address changed?

Yes, new home address  
 Yes, new business address

Preferred method of communication:

E-mail     Mail     Fax     Phone

Preferred mailing address:

Home     Business

Preferred e-mail address:

Home     Business

Are you a University of Toronto Alumnus/ Alumna?

Yes     No

## Business Address

Employer

Title

Number                      Street

Suite                              City

Province                      Postal Code

Telephone number      Fax Number

E-mail Address

## Payment

Full payment must accompany this form. Please make cheques payable to University of Toronto.

Paid by:     Visa  
 Mastercard  
 American Express  
 Cheque  
 Money order

Credit card number

Expiry date

Name of cardholder

Signature

Date

Complete form and fax to **416.978.6666** or mail to:

**Student 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 SCS calendar.

Student signature

Date

## Course Information

SCS Course Number	Course Title	Start Date	Tuition
-			
-			
-			
-			
Name of the SCS Certificate you are working toward, if applicable:		HST (Check course description for tax eligibility)	
		<b>Total Due</b>	