

University of Toronto School of Continuing Studies

Registration form

Name and Contact Information

Last Name

First Name

SCS Student Number (if you are a returning SCS student)

Male Female

Date of Birth (day/month/year)

Preferred Address

Home Office

If you are a returning SCS student and your address has changed since you last enrolled, please check here:

Number Street

Suite City

Province Postal Code

Daytime telephone number

E-mail address

Please provide a unique (not shared) email address for all communications with the School.

Preferred method of communication:

E-mail Mail Phone

UTORid (if you are a returning student):

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.

Are you a University of Toronto Alumnus/ Alumna?

Yes No

Employer Information

Employer (optional)

Title (optional)

Department (optional)

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

Yes No

Payment

Full payment must accompany this form. Please make cheques payable to University of Toronto. Post-dated cheques or cash payments will not be accepted.

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 (if applicable. Check course description)	
		Total Due	

