



Enrollment Form

Department: MIE

Students must complete this form twice per year, usually in fall and summer term. Please note that course enrollment does not constitute registration. Students are registered by either paying or deferring tuition fees. For adding or dropping course(s) after you submit your enrollment form, you should use Course Add/Drop Form. Both Enrollment Form and Course Add/Drop Form have to be signed by your supervisor.

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

Last Name:	Student Number:	University Email Address:
First Name:		
Department:	Degree:	Term and year:
Please Check: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> On-campus <input type="checkbox"/> Off-campus	Collaborative/Combined Program (Please 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):	
Name of Your Supervisor, Major Field, Minor Field(s):	

I apply to ADD the following courses/activities to my current program.

Academic Activity Code	Course/Activity Title	Y = for credit N = not for credit	Session Code	Meeting Session

Q1, Q2 for doctoral students only :

Q1. Has your doctoral supervision committee been set up? yes No

Q2. If yes, please indicate if you have had: Qualifying Exam Thesis Seminar Annual Progress Meeting

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:	Dept:	Date:
Supervisor's Signature:	Dept:	Date:
Coordinator Signature :	Dept:	Date:
Other Dept. Coordinator signature:	Dept:	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, financial assistance and award, 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 Office at 416 946-7303, Room 201, McMurich Bldg., 12 Queen's Park Crescent, Toronto, ON, M5S 1A1.