APPLICATION FOR COURSE INSTRUCTOR - CUPE 3902, UNIT 1

2020-2021

	(Surname)	(First Name)	(Initial)
TELEPHONE NUMBER:			
	(University)	(Home)	
E-MAIL ADDRESS:			
MAILING ADDRESS:			
WHERE (which University)	AND IN WHAT DISCIPI	INE DID VOLLODADUATE EDOM?	
Title (William Still Store)	, AND IN WHAT BIGGINE	INE DID YOU GRADUATE PROM!	
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PLEASE RETURN THIS FORM TO:

Associate Chair (Undergraduate)
Department of Mechanical and Industrial Engineering
University of Toronto
5 King's College Road, Room MC 109
Toronto, ON, M5S 3G8

Associate Chair (Graduate)
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