Please fill in session year (eg. 2015) in which you will register. (Sessions: Summer; Fall; or Winter)

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<th>Fall</th>
<th>Winter</th>
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Please return to: Roxana Moreira-Diaz (Room DV4059B)

**SURNAME GIVEN NAME AND INITIALS (print clearly)**

**STUDENT NUMBER (print clearly)**

**E-mail address:**
(must be valid UTOR email, checked directly and frequently)

@mail.utoronto.ca

@utoronto.ca

Telephone Number - Home:

Telephone Number - Cell

**Academic Program**

**NOTES:**
1. For course description, pre-requisites and other requirements, refer to the Academic Calendar.
2. CHM485H and CHM489Y (separate application required) may not be taken concurrently with the same supervisor.
3. If you would prefer to carry out your 4th year research at the St. George campus a different application form is required which should be obtained from the St. George Campus Department of Chemistry.

Please indicate below the name of the faculty with whom you would prefer to study and indicate your order of preference if you are interested in more than one.

**Program (to which this course will apply)**

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**Date:**

**Student’s Signature:**

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**For Office Use Only**

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<th>Approved (check one)</th>
<th>Coordinator signature</th>
<th>Date</th>
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[May 2017]