

**UNIVERSITY OF TORONTO MISSISSAUGA**

**Chemical and Physical Sciences**  
**APPLICATION FOR ADMISSION TO**  
**PHY473H5 Research Project in Physics**

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

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

Telephone Number - Home:	
Telephone Number - Cell	

Academic Program

NOTES: Students applying for permission to register in PHY473H5:

A program of individual study chosen by the student with the advice of, and carried out under the direction of, a Physics professor. This course is intended either for specializing further in a subject, or for exploring topics in Physics not covered by existing courses.

**Prerequisites:** Permission of the course co-ordinator.

Please indicate below 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)

1	2	3

Date:		Student's Signature:	
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For Office Use Only				
Approved (check one)		Coordinator signature	Date	Supervisor signature
YES:	NO:			