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

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<th>Fall</th>
<th>Winter</th>
<th>Summer</th>
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Please return to: E. (Liz) Kobluk (Room DV4061), at the latest 4 weeks before the start of the session in which you will register on ROSI.

**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)

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Date:  
Student’s Signature:

**For Office Use Only**

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<tr>
<th>Approved (check one)</th>
<th>Coordinator signature</th>
<th>Date</th>
<th>Supervisor signature</th>
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<td>YES:</td>
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