



**STUDENT INFORMATION:**

Surname:	Given Name(s):
Student No.:	Previous Name (If applicable):
Daytime Phone No.:	U of T Email Only:

**TERM INFORMATION:**

Please note that course descriptions are \$5.00 per academic term (e.g.: Fall term \$5.00, Winter term \$5.00). If you would like a course syllabus, you must contact the department that offered the course or you may find it on the online Course Timetable (<https://student.utm.utoronto.ca/timetable/>) under "View Previous Course Syllabi".

YEAR	TERM (e.g. Fall, Winter, Summer)

**RELEASE INFORMATION: (Please select one)**

**PICK UP at UTM Office of the Registrar** (Course descriptions will be held for six months from ready date, and will then be destroyed. No refunds will be issued).  
Do you wish to receive an email notification when course description(s) are ready for pick up?     Yes                       No

**MAIL TO:** Recipient's Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Suite #: \_\_\_\_\_ City//Town: \_\_\_\_\_ Province/State: \_\_\_\_\_  
Postal/Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

**PAYMENT INFORMATION:**

Please note that all fees are non-refundable and non-transferable. The fee per academic term is \$5.00. Additional copies are \$4.00 each.	Number of term(s) _____ x \$5.00 = \$ _____ Include ___ additional copies at \$4.00 each .....\$ _____ <b>TOTAL PAYMENT \$ _____</b>
	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> AMEX <input type="checkbox"/> Discover  <i>Complete the following only if faxing/mailing this form to our office:</i> Card Number: _____ CVV/CVC Code: _____    Expiry Date [MM/YY]: ____ / ____
<input type="checkbox"/> Debit (Payment in person only)	

**FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT**

University of Toronto respects personal privacy. Personal information that is provided on this form is used by the University to verify effects of extenuating circumstances on your capabilities and necessary related purposes. At all times it will be protected in accordance with the Freedom of Information and Protection of Privacy Act. If you have questions, please contact your campus administrator.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Return this completed form along with payment to the Office of the Registrar, University of Toronto Mississauga.**  
3359 Mississauga Road, Innovation Complex, Room 1235, Mississauga, ON, L5L 1C6 - Tel.: 905.828.5399 / Fax: 905.569.4301

**FOR OFFICE USE ONLY**

Received By: \_\_\_\_\_ on \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_

Processed By: \_\_\_\_\_ on \_\_\_\_\_

Emailed Student

Revised May 2016