



# Faculty of Physical Education and Health

**University of Toronto**

GRADUATE DEPARTMENT OF EXERCISE SCIENCES

## Request for *Non-Restricted* Course Outside Exercise Science Department

*This form should be completed if a student wishes to take a course outside the Department of Exercise Sciences that is **not restricted**. The term non-restricted means that a student can sign up for the course on ROSI on their own. The supervisor must approve the course before the student can begin the course. This form is to be completed by the supervisor and student, signed by both, and submitted to the Graduate Administrator of Exercise Science.*

### SECTION 1: Student Information

Name \_\_\_\_\_ Student Number \_\_\_\_\_

Department \_\_\_\_\_ Degree \_\_\_\_\_

### SECTION 2: Course Information

Course Number \_\_\_\_\_ Department \_\_\_\_\_

Course Title \_\_\_\_\_

Course Description \_\_\_\_\_

Session Offered \_\_\_\_\_ Instructor \_\_\_\_\_

List reasons why you would like to take this course (if requested by supervisor):

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

*The University of Toronto respects your privacy. The information on this form is collected pursuant to section 2(14) of the University of Toronto Act, 1971. It is collected for the purpose of administering admission, registration, academic programs, university-related student activities, activities of student societies, financial assistance and awards, graduation and university advancement, and for the purpose of statistical reporting to government agencies. At all times it will be protected in accordance with the Freedom of Information and Protection of Privacy Act. If you have questions, please refer to [www.utoronto.ca/privacy](http://www.utoronto.ca/privacy) or contact the University's Freedom of Information and Protection of Privacy Office at 416 946-5385, Room 201, McMurrich Bldg., 12 Queen's Park Crescent, Toronto, ON, M5S 1A1*

### SECTION 4: To be Completed by Student's Supervisor

Signing indicates that you approve this course

Supervisor's signature \_\_\_\_\_ Date \_\_\_\_\_

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