APPLICATION FOR ADMISSION AS A VISITING/SPECIAL STUDENT

University of Toronto
Faculty of Physical Education and Health
55 Harbord Street
Toronto, Ontario
M5S 2W6

Social Insurance Number

Please leave blank

SURNAME		**GIVEN NAME** (Officially recognized name in full)	
FORMER LEGAL NAME (If applicable)		**PREFERRED TITLE** ☐ MS ☐ MISS ☐ MRS ☐ MR	
CURRENT MAILING ADDRESS		APT. #	**CITY / TOWN**
PROVINCE / STATE	**COUNTRY** (if not Canada)	POSTAL CODE	PHONE NUMBER ( ) / ADDRESS VALID UNTIL
HOME OR PERMANENT ADDRESS: STREET		APT. #	CITY / TOWN
PROVINCE / STATE	COUNTRY (if not Canada)	POSTAL CODE	PHONE NUMBER ( )
CELL/PAGER NUMBER ( )	BUSINESS PHONE ( )	E-MAIL ADDRESS	
MARITAL STATUS ☐ SINGLE ☐ MARRIED ☐ OTHER	**FIRST LANGUAGE** ☐ ENGLISH ☐ FRENCH ☐ OTHER	**STATUS IN CANADA**	DATE OF ENTRY INTO CANADA | | | | | |
☐ MALE ☐ FEMALE	DATE OF BIRTH | | | | | |	COUNTRY OF CITIZENSHIP	

SECONDARY SCHOOLS ATTENDED	**LOCATION**	**HIGHEST LEVEL COMPLETED**	**DATES ATTENDED** FROM / TO /
			FROM / TO /

LIST NAME AND LOCATION OF **ALL** POST-SECONDARY INSTITUTIONS ATTENDED	FACULTY / PROGRAM	F/T P/T	DEGREE SOUGHT	CHECK IF CONFERRED	DATES ATTENDED
					FROM / TO /
					FROM / TO /
					FROM / TO /
					FROM / TO /

HAVE YOU PREVIOUSLY APPLIED TO THE UNIVERSITY OF TORONTO? ☐ YES ☐ NO	**IF YES,** PLEASE INDICATE: **STUDENT NUMBER:** **YEAR:**
REQUESTED STARTING DATE: ☐ SEPTEMBER ☐ JANUARY	REQUESTED COURSE LOAD: ☐ FULL TIME (3.0+) ☐ PART TIME (<3.0)

WHY DO YOU WANT TO BE A VISITING/SPECIAL STUDENT AT THIS FACULTY?

_____

_____

_____

_____

LIST THE COURSE(S) YOU WISH TO ENROL IN:

_____

☐ DOCUMENTS ENCLOSED (SPECIFY)	☐ DOCUMENTS TO FOLLOW (SPECIFY)

PLEASE INDICATE BELOW YOUR ACTIVITIES WHEN YOU WERE NOT A FULL-TIME STUDENT. IF THE SPACE PROVIDED IS INSUFFICIENT CONTINUE ON A SEPARATE SHEET.

YEAR	ACTIVITY OR NATURE OF WORK	EMPLOYER (IF APPROPRIATE)
FROM: TO:		
FROM: TO:		
FROM: TO:		

I HEARBY CERTIFY THAT I HAVE READ THE INFORMATION OF VISITING/SPECIAL STUDENTS AT WWW.UTORONTO.CA/PHYSICAL/ACADEMICPROGRAMS/INDEX.HTML AND THAT ALL STATEMENTS ON THE APPLICATION AND IN ANY MATERIAL FILED IN SUPPORT HEREOF ARE TRUE, CORRECT AND COMPLETE AND ALL MATERIAL INFORMATION HAS BEEN DISCLOSED. I UNDERSTAND THAT IF THE UNIVERSITY FINDS TO THE CONTRARY, MY ASSOCIATION WITH, ADMISSION TO, OR REGISTRATION IN THE UNIVERSITY MAY BE RESCINDED AND CANCELLED AFTER NOTICE IN WRITING TO ME AT MY HOME ADDRESS AS SHOWN HEREON. IN ADDITION, OTHER CANADIAN UNIVERSITIES MAY BE CONTACTED.

THE NAME SHOWN AT THE TOP OF THIS FORM IS THE COMPLETE NAME BY WHICH I AM LEGALLY AND CORRECTLY KNOWN. I UNDERSTAND THAT IF I HAVE NOT PREVIOUSLY APPLIED TO, OR REGISTERED AT THE UNIVERSITY, THIS NAME WILL BE OFFICIALLY RECOGNIZED IN THE ACADEMIC RECORDS OF THE UNIVERSITY, AND IT WILL NOT BE CHANGED THERE WITHOUT A FORMAL VERIFICATION. I UNDERSTAND THAT IF I HAVE PREVIOUSLY APPLIED TO, OR REGISTERED AT THE UNIVERITY AND THE NAME ON THIS FORM IS OTHER THAN THAT BY WHICH I AM KNOWN IN THE ACADEMIC RECORDS OF THE UNIVERSITY, I MUST REQUEST A CHANGE OF NAME TO BE COMPLETED.

_____ SIGNATURE

_____ DATE

PLEASE DO NOT WRITE BELOW THIS LINE

APPLICATION FEE PAID ☐

DECISION:

DATE: **SIGNATURE:**