



Centre for Industrial Relations and Human Resources
CHRM Application Form – 2025/26 Academic Year

Application and Document Deadline: February 01, 2025

Applicant Information 1

Have you previously applied to the University of Toronto?

☐ No ☐ Yes, please list your UofT Id#:

What session are you applying to?

☐ Summer Session ☐ Fall & Winter Session

Applicant Information 2

Last Name:

First Name:

Middle Name:

Former Legal Name:

Street Address:

Apt/Suite:

City:

Province:

Postal Code:

Day time Phone:

Email:

Date of Birth:

YEAR /MONTH / DAY

Date of Entry to Ontario:

YEAR /MONTH / DAY

First Language:

☐ English ☐ French ☐ Other, please list:

Country of Citizenship:

Status in Canada:

☐ Canadian Citizen ☐ Permanent Resident ☐ Other, please list:

Education

Secondary schools attended in Canada and abroad (if you need more space, please use a separate sheet)

| Name of institution | City | Province/State | Country | Dates Attended |
|---------------------|------|----------------|---------|---------------------------|
| | | | | From / To/ |
| | | | | MONTH / YEAR MONTH / YEAR |
| | | | | MONTH / YEAR MONTH / YEAR |
| | | | | MONTH / YEAR MONTH / YEAR |

Post-Secondary Institutions attended in Canada and abroad (if you need more space, please use a separate sheet)

| Name of institution (if not in Canada list Country) | Faculty/Program | Type of Degree sought | Conferred (yes or no) | Dates Attended |
|---|-----------------|-----------------------|-----------------------|---------------------------|
| | | | | From / To/ |
| | | | | MONTH / YEAR MONTH / YEAR |
| | | | | MONTH / YEAR MONTH / YEAR |
| | | | | MONTH / YEAR MONTH / YEAR |

Are you requesting Transfer Credits?

☐ No ☐ Yes, please assess the following courses:

| Course code listed on your transcript | Course Title | Course descriptions must be provided |
|---------------------------------------|--------------|--|
| | | <input type="checkbox"/> enclosed <input type="checkbox"/> to follow |
| | | <input type="checkbox"/> enclosed <input type="checkbox"/> to follow |
| | | <input type="checkbox"/> enclosed <input type="checkbox"/> to follow |

Access to Academic Records for UofT Students

I hereby authorize the CHRM Program Office to access my UofT academic transcript on ROSI. Upon request I will provide the CHRM Program Office with official transcripts if the ROSI records do not contain a complete academic record of my studies.

Signature:

Date:

Applicant's Signature

Please read before you sign this application: 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 this University this name will be officially recognized in academic records of the University, and it will not be changed without formal verification. I understand that if I have previously applied to or registered at the University and the name on this form is other than that by which I am known in the academic records of the University I must submit a change of name request. I hereby certify that all statements on this application form 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 admission to or registration in CHRM and in the University may be rescinded and cancelled after notice in writing to me at my home address or email address as shown hereon.

Signature:

Date:

Application Payment

A ninety-four (\$94) non-refundable application fee is required of all applicants. A money order payable to CIRHR-University of Toronto must be mailed to CHRM Program Office.

You may email your application to the Program Office.

Applications will be processed only after the fee is received by the Program Office.

Please mail or email complete application to:

Mailing address:

CHRM Program Office
Centre for Industrial Relations and Human Resources
121 St. George Street
Toronto ON M5S 2E8

Email:

irhr@utoronto.ca