

Centre for Industrial Relations and Human Resources Woodsworth College - 2020 CHRM Application Form

A ninety (\$90) non-refundable application fee is required of all applicants. Only the following types of payments are accepted:

| 101(01)10 | ρω,σσ | a.c accepted. | | | | | |
|---|--------------------------------------|------------------|----------------------------------|---------------|--------------------------------------|-----------------|--|
| Check one: debit/visa if applying in person only (Woodsworth College, 119 St George Street, Room 220) | | | | | | | |
| □ visa if submitting the application via email. You must sign the following authorization: I authorize Woodsworth College to process the \$90 non-refundable application fee on my VISA card: | | | | | | | |
| i authorize woodsworth | College to pi | ocess the 390 | non-retundabl | іе арріісаці | on ree | on my visa care | 1: |
| VISA # | | Expiry Date: | MONTH / YEAR | 3-digit Se | curity (| Code: | Signature: |
| 1. Have you previously su | ubmitted an a | pplication to th | ne University o | f Toronto? | □ No | . □YES, please | list your UofT Id#: |
| 2. I wish to apply to the ☐ Summer Session ☐ Fall & Winter Session | | | | | | | |
| 3. ☐ Ms ☐ Mr Surna | rname Given Name (In Full) | | | | | | |
| ☐ Miss ☐ Mrs | | | | | | | |
| Former Legal Name (if applicable) | | | | | | | |
| 4. Street Address | | | | | Apt/Suite#: | | |
| 671 | | | | | | D 1 10 1 | |
| City | | | Province | | | Postal Code | |
| Day-time Telephone | (area code) | number | | Email | | | |
| First Language | □ English □ | Othor slass lie | | Data of Birth | | | Year / Month /Day |
| First Language ☐ English ☐ French | | | | Date of Birth | | | rear / Month / Day |
| Country of Citizenship | | | | Date of entry | | | Year / Month /Day |
| | | | to Ontario | | | | |
| If you are not a Canadian Permanent Resident Student Visa Other, please specify: | | | | | | | |
| Citizen please indicate: Current Occupation | | | | | | | |
| current Occupation | | | | | | | |
| 5. Secondary schools attended (in Canada and abroad) . (if you need more space please use a separate sheet) | | | | | | | |
| Name of institution | | City | Province/Sta | ite | Count | try | Dates Attended |
| | | | | | | | From / To/ MONTH / YEAR MONTH / YEAR |
| | | | | | | | MONTH / YEAR MONTH / YEAR |
| | | | | | | | MONTH / YEAR MONTH / YEAR |
| 6. Post-Secondary Institutions attended in Canada and abroad. (if you need more space please use a separate sheet) | | | | | | | |
| | | ulty or Program | Type of Degr | ee sought | Confe | | Dates Attended |
| (if not in Canada list Countr | у) | | | | (yes or | | From / To/ MONTH / YEAR MONTH / YEAR |
| | | | | | | | MONTH / YEAR MONTH / YEAR |
| | | | | | | | MONTH / YEAR MONTH / YEAR |
| 7. Are you requesting Transfer Credits? No. YES, please assess the following courses: | | | | | | | |
| Title & Course code listed o | List the CHRM Course code equivalent | | | | Course descriptions must be provided | | |
| (example: HRM200 Org Behaviour) | | | (example: IRE260H Org Behaviour) | | |) | by the application deadline. □enclosed □ to follow |
| | | | | | | | |
| | | | | | | | □enclosed □ to follow □enclosed □ to follow |
| | | | | | | | □enclosed □ to follow |
| 8. Access to UofT academic records – Please read and sign if you have previously attended UofT: | | | | | | | |
| I hereby authorize the CHRM Program Office to access my 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 a cademic record of my studies. Signature: Date: | | | | | | | |
| - | | | | | | | |
| 9. 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 | | | | | | | |
| | | - | | | | | reby certify that all statements on this 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: | | | | | | |