UNIVERSITY OF TORONTO	<ul> <li>Faculty of Arts and Science - Centre for Industrial Relations and Human Resources</li> <li>CHRM Application Form - 2024-25 Academic Year</li> <li>Application and Document Deadlines: February 15 (Summer), April 30 (Fall/Winter)</li> <li>A ninety (\$90) non-refundable application fee is required of all applicants. Only VISA or Debit card payments will be accepted.</li> <li>Complete the following if paying by VISA: I authorize CIRHR to process the \$90 non-refundable application fee on my VISA card:</li> </ul>									
VISA #		Expiry	y Date: MONTH / YEAR 3-digit Se					Security	y Code:	
Signature:										
<ol> <li>Have you previously st</li> <li>I wish to apply to the</li> </ol>		application to tl		-		No. 🗆	YES, ple	ease list	your UofT ld#:	
3.	Surname	Surname				Given Name (In Full)				
Former Legal Name (if applicable)										
4. Street Address									Apt/Suite#:	
City			Provi	nce		P	Postal Co	ode		
Day-time Telephone	(area code	) number		Ema	ail					
First Language	□English □French	Other, please lis	st:	Da		th		Y	Year / Month /Day	
Country of Citizenship					Date of entry to Ontario if not born in Ontario				Year / Month /Day	
If you are not a Canadiar please indicate:	□ Permanent □ Student Visa □Other, please specify: Resident						y:			
Current Occupation		nesident								
5. Secondary schools attended (in C Name of institution		anada and abro City		(if you need mor Province/State		country		Di Fr M	te sheet) Dates Attended From / To/ MONTH / YEAR	
6. Post-Secondary Institutions atten Name of institution (if not in Canada list Country)		ded in Canada a Faculty or Program		d abroad. (if you r Type of Degrees		space ( Confer (yes or	rred			
7. Are you requesting Transfer Credits?  No.  Y Title & Course code listed on your transcript (example: HRM200 Org Behaviour)			S, please assess the following courses: List the CHRM course code equivalent (example: IRE260H Org Behaviour)				by	Course descriptions must be provided by the application deadline.		
8. Access to UofT acade I hereby authorize the CHRM Upon request I will provide the Signature:	Program Office	to access my acade	emic transcrip	ot on ROSI. if the ROSI	-			Γ:	enclosed to follow	
correctly known. I understand University, and it will not be ch is other than that by which I ar <b>application form and in any m</b>	that if I have no anged without n known in the aterial filed in s y, my admission	nt previously applied formal verification. academic records of <b>support hereof are t</b>	to or register I understand the Universit t <b>rue, correct c</b>	red at this U that if I hav y I must sub <b>and complet</b>	Iniversity thi e previously omit a chang t <b>e and all m</b>	is name applied ge of nan <b>aterial i</b>	will be off to or regi ne reques <b>nformatic</b>	ficially red istered at t. Ihere on has be	ete name by which I am legally and cognized in academic records of the t the University and the name on this by certify that all statements on this reen disclosed. I understand that if th I after notice in writing to me at my l	е