



All sections of this form are to be completed by the affiliate college **student**. This form should be completed by the fillable pdf option (handwritten forms will not be accepted). The form must contain an original signature (electronic signatures are not permissible). Completed forms can be fax to 416-978-7821 or emailed to diane.henson@utoronto.ca. Registrations will not be processed until both the completed course registration form and Letter of Permission are received. Course registration is subject to space, pre-requisites and registration dates.

Section 1 – Personal Information

Title:	Last Name (Legal Name):	Given Names (in Full):		
Former Legal Name (if Applicable):		If you have changed your name since your last attendance at TST, please complete a change or correction for Name Form. Please Notify your college registrar of any further changes to the above information.		Marital Status (Optional):
Date of Birth:	Gender:	Mother Tongue: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other: _____		
Country of Citizenship:		If you are not a Canadian Citizen please indicate: <input type="checkbox"/> PR/Landed Immigrant <input type="checkbox"/> Student Visa <input type="checkbox"/> Other Visa Date Entered Canada: _____		
If you have previously applied to or attended TST or U of T please indicate:				
Student Number:	Last Year of Attendance/Application:	Faculty/College:		

Section 2 – Contact Information

Mailing Address (During Academic Year):			
Street:			Apartment #:
Town/City:	Province:	Postal Code:	
Daytime Telephone:	Email:		
Home/Permanent Address: <input type="checkbox"/> Same as above			
Street:			Apartment #:
Town/City:	Province:	Postal Code:	

Section 3 – Academic History

Current Institution :				
Current Program:				
I have previously attended the following Colleges/Universities:				
Name of Institution	Program	Degree Conferred	From	To



Section 4 – Toronto School of Theology Course Selection

I propose to register for the following course(s):

TST College	Course Code	Course Title	Session (Fall/Winter/Summer)

Section 5 – Fee Payment

For Fall and/or Winter courses you will pay fees to your home institution and not the Toronto School of Theology or its member colleges. For Summer courses fees are payable to Toronto School of Theology and details of how to pay those fees will be sent to you with confirmation of registration.

Section 6 – Declaration

I certify that the information I have provided in this form is true, complete and accurate in all respects, including my declaration as to citizenship and immigration status in Canada, institutions attended and that all available information in this application has been disclosed. I understand that if the Toronto School of Theology finds to the contrary, my association with, admission to or registration in the requested courses may be rescinded and cancelled after notice in writing to me at my permanent or sessional address.

All information I have provided in connection with this request is subject to verification and audit by the Toronto School of Theology. The name used in this application 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 one of the Toronto School of Theology member colleges, this name will be officially recognized in academic records of the Toronto School of Theology and its member colleges, and it will not be changed there without formal verification. I understand that if I have previously applied to or registered at the University of Toronto or one of the member colleges of the Toronto School of Theology and the name in this application is other than that by which I am known in academic records of the aforementioned, I must complete a change of name form.

I also acknowledge that by registering for the above course(s), I agree to abide by all academic regulations as found in the academic Handbook(s) www.tst.edu/content/handbooks and adhere to academic deadlines www.tst.edu/academic/2014-15-key-academic-dates.

Student Signature: _____ Date: _____

Privacy Policy: Personal information is collected for the purpose of admission, registration, academic programs, university-related student activities, activities of student societies, safety, financial assistance and awards, graduation and university advancement, and reporting to government.
At all times it will be protected in accordance with the Freedom of Information and Protection of Privacy Act.
If you have questions please contact the TST Registrar, Toronto School of Theology, 47 Queen’s Park Crescent East, Toronto, ON, M5S 2C3 or call 416-978-4040.

Office Use:

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|--|--|---|
| <input type="checkbox"/> ROSI Record Created | <input type="checkbox"/> Enrolment Confirmation Sent | <input type="checkbox"/> TST College Notified |
| <input type="checkbox"/> Courses entered on ROSI | <input type="checkbox"/> Grade Sent to Affiliate College | |

Student ID #: _____