SUMMER

COURSE APPLICATION FORM
Cover Page

FIRST NAME: _____ LAST NAME: _____

CHECKLIST:

- ☐ Completed Course Application
- ☐ non-refundable deposit $500* ***(please make cheque payable to OERS)***
- ☐ Reference Letters (*only if requested*)
- ☐ Current Resume (*if applicable*)

PLEASE INDICATE WHICH COURSE YOU ARE APPLYING FOR:

- ☐ PSL378H1 - Marine Mammal Necropsy - course fees* apply
- ☐ PSL379H1 - Living Marine Mammals Mexico - course fees* apply
- ☐ other: _____

**Once candidate is accepted into the course, the balance of fees are due; exact amount for total course fees may vary yearly . Candidate cannot begin the course until course fees are paid in full. If candidate chooses to not pursue course after admission, they forfeit the deposit. Once balance of payment is received, if candidate does not participate/complete the course no refunds are issued. Please note, course fees do NOT include university tuition - those are separate.*

DECLARATION:

- ☐ I agree by my submission of this application to abide by the terms of all UofT Summer courses and do not hold UofT or OERS responsible in any way for anything untoward that may occur either as a direct or indirect result of my participation in this course.
- ☐ I hereby certify that all information provided in this application (including cover page) is complete and correct and I authorize verification of any information provided as part of this application. I understand that falsification of information in this application/supporting documents is grounds for non-admission, or after admission, grounds for dismissal & forfeiture of fees paid.

SIGNATURE: _____ DATE: _____

(*I have read the information and the instructions for this application*)

Full NAME: _____
(Print)

SUMMER

COURSE APPLICATION FORM

1. CONTACT INFORMATION:

FIRST NAME: LAST NAME:

ADDRESS: CITY:

PROVINCE/STATE: COUNTRY: POSTAL/ZIP CODE:

HOME #: (including country + area code) WORK #: (including country + area code) MOBILE #: (including country + area code)

EMAIL:

PLEASE INDICATE YOUR PREFERRED METHOD(s) OF CONTACT:

☐ HOME ☐ WORK ☐ MOBILE ☐ EMAIL

2. BIOGRAPHICAL INFORMATION:

COURSE APPLYING FOR:

Are you of legal age (>18 years old)? ☐ Yes ☐ No*

*if no, a letter a letter from a parent or guardian required

LEVEL OF EDUCATION (check all that apply): ☐ HIGH SCHOOL ☐ COLLEGE ☐ UNIVERSITY ☐ OTHER

Please elaborate:

3. CHECK THOSE THAT APPLY:

☐ I have experience working with marine animals.

Specifics:

☐ I am a certified diver. LEVEL OF CERTIFICATION: DATE OF CERTIFICATION:

SPECIALTY:

☐ I have computer experience.

☐ I have my own transportation. PLEASE SPECIFY:

FIRST NAME: | LAST NAME:

4. ANSWER THE FOLLOWING IN DETAIL:

Special skills/interests relevant to the course you are applying for?

Please state briefly what you hope to gain from this course.

PLEASE FILL IN ELECTRONICALLY, PRINT, AND DROP OFF OR MAIL TO:

Eva Eng, Department of Physiology, Undergraduate Office Rm. 3209,
Medical Sciences Building, University of Toronto, Toronto, ON, M5S 1A8

Print Form | Reset Form

Internal Use Only

File #:

Person Accepting Request:

Date Received:

Action Taken: