Completed applications must be returned no later than April 5, 2019, to the Department of Geography, Room 5047, Sidney Smith Hall.

Field Trip Costs: $350 to cover accommodations, meals, and travel expenses, the department will offer a subsidy of $50 to bring the total student cost to $300. Any additional expenses will be subsidized by the department. Accepted students are required to pay a deposit of $150 by May 1, 2019. The $150 balance is due no later than June 18, 2019.

Note: The department will be viewing your academic record as part of the selection process for this course. This course cannot be CR/NCR.

PLEASE PRINT

Last Name: ______________________________ First Name: ________________________________

Student Number: __________________ College: ________________________________

Current Email Address (UofT): ______________________________________________________

Current Mailing Address: _________________________________________________________

Postal Code: __________________ Telephone Number: ____________________________

If different than above:

Summer/other Email Address: ______________________________________________________

Summer Mailing Address: _________________________________________________________

Postal Code: __________________ Telephone Number: ____________________________

Program Enrolment: Which program(s) are you currently enrolled in? List all Specialist, Major and Minor programs:
______________________________________________________________________________
______________________________________________________________________________

Number of credits you will have completed by end of August, 2019 ________________

When will you be graduating? ___________________________________________________________________

Do you need this course for your program? ________________________________

Under the FIPPA Act we need your permission to share your e-mail address. The address will only be shared with other successful candidates attending GGR390, in order to distribute material and facilitate communication. Please sign below as appropriate:

I agree to share my e-mail address ________________________________

I do not agree to share my e-mail address ________________________________

SIGNATURE OF STUDENT:________________________________ DATE:__________________