Department of Chemistry  
University of Toronto

_Doctoral Students Only:_

_Course reduction will be limited to two half course equivalences._

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**Name:** ____________________________  **Student No.:** ________________

**Field:** ____________________________  **Degree:** ________________

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<th>Course Number and Title</th>
<th>Credit Weight (half/full)</th>
<th>Institution Where Taken/Program</th>
<th>UofT CHM Course Equivalence</th>
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I request for course reduction for the above course(s) toward my Ph.D. degree program at the University of Toronto.

**Student’s Signature:** ____________________________  **Date:** ________________

**Supervisor’s Signature:** ____________________________  **Date:** ________________

_Officers_

**Approved by:**

**GSC Representative:** ____________________________  **Date:** ________________

**Associate Chair, Graduate Studies:** ____________________________  **Date:** ________________