

DEPARTMENT OF CHEMISTRY
University of Toronto

Application to CHM499Y Introduction to Chemistry Research

*Applications to CHM499Y should be made in the preceding Winter session. This is a fillable form. Sign your name and submit to the undergraduate office by email at chem.undergrad@utoronto.ca no later than **April 14, 2022***
Handwritten applications will not be accepted.

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| Student No. | Campus <input type="checkbox"/> UTM <input type="checkbox"/> UTSc <input type="checkbox"/> St. George | |
| <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. | Given Names | Surname |
| Permanent Address | | Summer Address |
| Tel. No. | | Tel. No. |
| Email address (ending in utoronto.ca) | | |

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|---|--|--|--|
| Program of Study (please select the one you are registered in) <div style="display: flex; flex-wrap: wrap;"><div style="width: 33%;"><input type="checkbox"/> Biological Chemistry</div><div style="width: 33%;"><input type="checkbox"/> Chemical Physics</div><div style="width: 33%;"><input type="checkbox"/> Chemistry Specialist</div><div style="width: 33%;"><input type="checkbox"/> Synth. & Cat. Chemistry</div><div style="width: 33%;"><input type="checkbox"/> Materials Science</div><div style="width: 33%;"><input type="checkbox"/> Pharmaceutical Chemistry</div><div style="width: 33%;"><input type="checkbox"/> Chemistry Major</div><div style="width: 33%;"><input type="checkbox"/> Other (please specify) _____</div></div> | | | |
| Chemistry sub-disciplines of interest: (select maximum of three and indicate order of preference, i.e. 1, 2, 3) <div style="display: flex; flex-wrap: wrap;"><div style="width: 25%;"><input type="checkbox"/> Analytical</div><div style="width: 25%;"><input type="checkbox"/> Biological</div><div style="width: 25%;"><input type="checkbox"/> Environmental</div><div style="width: 25%;"><input type="checkbox"/> Inorganic</div><div style="width: 25%;"><input type="checkbox"/> Materials</div><div style="width: 25%;"><input type="checkbox"/> Organic</div><div style="width: 25%;"><input type="checkbox"/> Physical</div><div style="width: 25%;"><input type="checkbox"/> Polymer</div></div> | | | |
| Please list ALL the courses that you intend to take in the upcoming academic session. <u>CHM499Y</u> _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ | | | |

Signature: _____

Date: _____