



Course Enrollment Form for Continuing Students

Name:				Student #:	
Field of Study in Chemistry:	<input type="checkbox"/> Analytical	<input type="checkbox"/> Environmental	<input type="checkbox"/> Inorganic	<input type="checkbox"/> Organic & Biological	<input type="checkbox"/> Theoretical Physical
	<input type="checkbox"/> Polymers & Materials	<input type="checkbox"/> Experimental Physical		<input type="checkbox"/> Interdisciplinary	

A. Course Requirements

I have previously **COMPLETED** the following graduate courses: *(Lines 5 and 6 apply to Theoretical Physical CHM students.)*

	Course Title	Course Code	Core Course* ✓ (PhD only)	F/S Session
1				
2				
3				
4				
5				
6				

I have completed all of my program's course requirements. **Enroll in research and seminar courses.**

Students must enroll in all courses, *except for the seminar course, on-line through the Student Web Service, ACORN* www.acorn.utoronto.ca. For current course offerings, see [Course Timetable](#)

B. Course Selection

	Course Title	Course Code	Core Course* ✓	F/S/Y Session	Enrolled on ACORN ✓
	Thesis (automatic enrolment) <small>will be credited after submitting thesis to SGS</small>	RST9999Y	Automatic enrolment	Y	✓
1	Research in (see below)*	CHM	required	F & S	
2					
3					
4					
5					

*Research Course Codes see [Course Timetable](#)

Seminar Courses

The Graduate Office will enroll you in the seminar course. Indicate the appropriate seminar series:

- | | | |
|---|--|---|
| <input type="checkbox"/> Analytical Chemistry | <input type="checkbox"/> Environmental Chemistry | <input type="checkbox"/> Inorganic Chemistry |
| <input type="checkbox"/> Organic/Biological Chemistry (Circle Bio or Org/Syn Group) | <input type="checkbox"/> Physical Chemistry | <input type="checkbox"/> Polymers & Materials Chemistry |

I discussed my course selections with my supervisor.

Student Signature: _____ Date: _____

C. Supervisor Approval (Supervisor to review above information before signing.)

I reviewed and approved student's course selections.

Research Supervisor Signature: _____ Date: _____

SUBMIT TO CHM GRAD OFFICE BY UPLOADING FORM [HERE](#)

