



Statement of Intent for Winter 2009

Please submit to the office or fax completed form
to (416)482-7004 or mail to
282 Cummer Avenue, Toronto, ON M2M 2E7

1. Name: _____ Student #: _____
Surname First

2. Address: _____
(Summer) Street/P.O. Box City Province Postal/Zip Code

3. Phone Number: Home (_____) _____ Work/Cell (_____) _____

4. Date of Birth: _____ 5. _____
Month/Day/Year Age Gender Social Insurance Number

6. Program: _____ 7. Email Address: _____

8. **Plans for Winter 2009.** Check **ALL** statements that apply and, if applicable, specify the number of courses you will be enrolling in.

Enrolling in _____ course(s) at the Toronto campus.

*** If returning to the campus, please check one of the following:

I may need a place to stay next semester.

There is room in my apartment/home for _____ people.

I do not need help with accommodations.

Enrolling in _____ course(s) by Internet.

Enrolling in _____ course(s) at the Distance Education site in _____*.
City/Province

Enrolling in courses at the _____ Intercultural site.
Name of Stream

Planning to continue studies at another institution.

NOT returning to Master's until _____.
Semester/Year

Other, please specify: _____.

9. How do you plan to finance your education? _____

10. I agree to submit to all of the policies and regulations of Master's during the Winter 2009 semester.

11. Signature: _____ Date: _____

For Office Use Only

Date Received: _____