

Rehabilitation Sciences Institute

500 University Ave., Toronto, Ontario M5G 1V7 Telephone: (416) 978-0300 Fax: (416) 946-8762

BASIC PROGRAM INFORMATION FORM

NAME OF STUDENT:		STUDENT NUMBER:
PHONE:	FAX:	E-MAIL ADDRESS:
SESSIONAL ADDRESS:		PERMANENT ADDRESS:
NAME OF SUPERVISOR(S):		DEGREE SOUGHT:
SUPERVISORY COMMITTEE MEMBERS:		
RESEARCH LOCATION(S):		

Proposed Research and Courses:

<i>Thesis</i> <i>Title/Topic:</i>		
PROPOSED COURSES	COURSE NUMBER	COURSE TITLE
First Term <i>(Sept. to Dec.)</i>	_____	_____
Second Term <i>(Jan. to April)</i>	_____	_____
Summer Term <i>(May to Aug.)</i>	_____	_____
Third Term <i>(Sept. to Dec.)</i>	_____	_____
Fourth Term <i>(Jan. to April)</i>	_____	_____

Students Signature:	Date:
---------------------	-------