

SEMINARY NON-CLASSROOM COURSE REGISTRATION FORM

Office of the Registrar

3377 Bayview Avenue, Toronto, ON, M2M 3S4 Tel: 416.226.6620 ext.6711 • Fax: 416.226.4210 Email: <u>registration@tyndale.ca</u> • Webpage: <u>www.tyndale.ca/registrar</u>

This form is REQUIRED of all non-classroom courses such as DRR, Internships, Practicum, Thesis, etc. Registration for this course is not complete until this form is filed in the Office of the Registrar. Department or professor may require additional documentation before this form is approved. Please review policies as listed in the Academic Calendar.

ACADEMIC TERM			ID#			
□ Fall □ Winter □ Spring/Summer Year: 20						
LAST NAME	FIRST NAME		PHONE			
				EMAIL ADDR	ESS	
DEGREE	MAJOR	AJOR CONCENT		CONCENTRA	ATION (if applicable)	
Standard DRR II Internship I Practicum I Thesis I Other:						
COURSE CODE	CREDITS	COURSE TITLE			INSTRUCTOR	
PLEASE PROVIDE A RATIONALE FOR YOUR REQUEST TO TAKE THIS COURSE (THIS BOX MUST BE COMPLETED).						
ALL NECESSARY DOCUMENTS (SYLLABUS, THESIS APPROVAL, PLACEMENT APPROVAL, ETC.) MUST BE PREPARED BY						
THE STUDENT IN CONSULTATION WITH THE INSTRUCTOR AND ATTACHED.						

IT IS THE RESPONSIBILITY OF THE STUDENT TO SECURE ALL SIGNATURES. Forms submitted without all signatures or all necessary information will be returned to the student.

STUDENT SIGNATURE	DATE	DATE RECEIVED		
INSTRUCTOR	DATE			
REGISTRAR	DATE			
		REGISTERED BY	REGISTERED ON	
ACADEMIC DEAN or Designee (name and signature) (Internship, practicum and thesis may omit this step)	DATE			