

☐ Fall ☐ Winter ☐ Spring/Summer

ACADEMIC TERM

LAST NAME

UNDERGRADUATE 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: registration@tyndale.ca • Webpage: www.tyndale.ca/registrar

ID#

PHONE

This form is REQUIRED of all non-classroom courses such as Directed Studies, 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.

Year: 20

FIRST NAME

				EMAIL ADDRESS			
DEGREE	MAJOR			MINOR (if applicable)			
☐ Directed Studies	☐ Directed Studies ☐ Internship ☐ Practicum ☐ Thesis ☐ Other:						
COURSE CODE	CREDITS	COURSE TITLE			INSTRUCT	OR	
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		DAT	E		DATE RECEIVED		
INSTRUCTOR		DAT	E				
REGISTRAR		DAT	E	REGIST	ERED BY	REGISTERED ON	
ACADEMIC DEAN or Designee (name and signature) (Internship, practicum and thesis may omit this step)			Ē				