

☐ Fall ☐ Winter ☐ Spring/Summer

ACADEMIC TERM

LAST NAME

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

ID#

PHONE

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.

Year: 20

FIRST NAME

			EMAIL ADDR	RESS	
DEGREE	MAJOR		CONCENTRA	TION (if appli	cable)
☐ Standard DRR ☐ Internship ☐ Practicum ☐ Thesis ☐ Other:					
COURSE CODE	CREDITS COUR	SE TITLE		INSTRUCTO	R
ALL NECESSARY DOCUMENTS					
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 RE	CEIVED
STODENT SIGNATURE		DATE		DATE RECEIVED	
INSTRUCTOR		DATE			
REGISTRAR		DATE			
ACADEMIC DEAN or Designee (Internship and practicum may or	mit this step)	DATE	REG	ISTERED BY	REGISTERED ON