

**DEPARTMENT OF CHEMISTRY**  
University of Toronto

**Application to CHM499Y Introduction to Chemistry Research**

*Applications to CHM499Y should be made in the preceding Winter session. This is a fill-able form. Please enter your information before printing a hard copy. Sign your name and submit to the undergraduate office at Lash Miller Building, Room 151, 80 St. George Street, Toronto in February no later than the **Friday before Reading Week**.*

**Handwritten application will not be accepted.**

Student No.	Campus <input type="checkbox"/> UTM <input type="checkbox"/> UTSc <input type="checkbox"/> St. George
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<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Given Names	Surname
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Permanent Address	Summer Address
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Tel. No.	Tel. No.
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Email address ( <i>ending in utoronto.ca</i> )
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<b>Program of Study</b> ( <i>please select the one you are registered in</i> )		
<input type="checkbox"/> Biological Chemistry	<input type="checkbox"/> Chemical Physics	<input type="checkbox"/> Chemistry Specialist
<input type="checkbox"/> Environmental Chemistry	<input type="checkbox"/> Materials Science	<input type="checkbox"/> Synthetic & Catalytic Chemistry
<input type="checkbox"/> Chemistry Major	<input type="checkbox"/> Other ( <i>please specify</i> ) _____	

<b>Chemistry sub-disciplines of interest:</b> ( <i>select maximum of three and indicate order of preference, i.e. 1, 2, 3</i> )			
<input type="checkbox"/> Analytical	<input type="checkbox"/> Biological	<input type="checkbox"/> Environmental	<input type="checkbox"/> Inorganic
<input type="checkbox"/> Materials	<input type="checkbox"/> Organic	<input type="checkbox"/> Physical	<input type="checkbox"/> Polymer

<b>Please list ALL the courses that you intend to take in the upcoming academic session.</b>					
<u>CHM499Y</u>	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Signature: \_\_\_\_\_

Date: \_\_\_\_\_