

**Office of the Registrar**

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 Email: [registration@tyndale.ca](mailto:registration@tyndale.ca) • Webpage: [www.tyndale.ca/registrar](http://www.tyndale.ca/registrar)

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 <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring/Summer      Year: 20_____		ID#	
LAST NAME	FIRST NAME	PHONE	EMAIL ADDRESS
DEGREE	MAJOR	CONCENTRATION (if applicable)	
<input type="checkbox"/> Standard DRR <input type="checkbox"/> Internship <input type="checkbox"/> Practicum <input type="checkbox"/> Thesis <input type="checkbox"/> 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		
VP, ACADEMIC & DEAN or Designee (name and signature) (Internship, practicum and thesis may omit this step)	DATE	REGISTERED BY	REGISTERED ON