

Environmental Studies / Environment & Health Graduate Collaborative Specializations Confirmation Form

Name:		Student Number:			
Canadian Citizen: 🗆	Permanent Resident: 🛛	Visa Student: <	Country of Citizenship:		
Collaborative Speciali	zation (CS):				
CS Start Month/Year:_		Expected (Convocation Month/Year:		
Degree Program Hom	e Department:				
Degree Sought:		Full-time 🗆	Part-time		
U of T Office Location	(room & building):				
U of T Office Phone: _					
Mailing Address:					
		Phone:			
Permanent Address:_					
(if different from abov	e)				
E-mail Address:					

(please note that each student is required to have an UTOR email account)

Please outline briefly your environment related research interests and the relevance of the study of the environment to your academic interests and graduate education:



Proposed Plan for Meeting Specialization Requirements (include course codes)

Core Course:			
Elective Courses (tentative):			
Other Courses:			(if
applicable)			("
Name of Supervisor (if known):			
Advisory Committee Members (optional):			
Thesis/Research Paper Title/Topic:			
(please provide a tentative title if not sure at the moment)			
Are you doing a coursework stream degree?	_		
OR			
Are you doing a thesis stream degree?	_		
1.Student Signature:	Date:		
2.Home Unit Grad. Chair/Associate Chair/Director Signature:		Date:	
3.School's Director's/Grad. Associate Director's Signature:		Date:	