

100 St. George St., Rm. 1006, Toronto, ON M5S 3G3

LAST NAME (please print clearly)	FIRST NAME	OTHER INITIALS
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STREET ADDRESS	APT. #	CITY
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TELEPHONE NUMBER

STUDENT NUMBER

<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> 123456789101112 </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 33%;"> <p>COURSE CONCERNED</p> <p>(e.g. IM A T 1 3 3 Y 1 Y)</p> </div> <div style="width: 33%;"> <p>INSTRUCTOR'S NAME and/or</p> <p>LECTURE SECTION (e.g. L0101)</p> </div> <div style="width: 33%;"> <p>MONTH WRITTEN</p> </div> </div>
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