



UNIVERSITY OF TORONTO
FACULTY OF ARTS & SCIENCE

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CONTACT INFORMATION

Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone: (H) _____ (W) _____

E-Mail: _____ Fax: _____

INFORMATION FOR FACULTY MEMBERS

Department: _____ Title: _____

Areas of Research: _____

Undergraduate Courses Taught: _____ Number of Graduate Students: _____

INFORMATION FOR STUDENTS

College: _____ Year of Study: _____

Program(s) of Study: _____

Expected Date of Graduation: _____

INFORMATION FOR ALUMNI

College: _____ Year of Graduation: _____ Degree(s) Earned: _____

Area(s) of Study: _____

Current Employer: _____ Title: _____

SIGNATURE _____ **DATE** _____