



UNIVERSITY OF TORONTO
FACULTY OF PHYSICAL EDUCATION AND HEALTH

2009-10 Graduation Request Form

Surname: _____ Given Name: _____

Phonetic pronunciation of name: _____

Student Number: _____ E-mail Address: _____

Home Telephone: _____ Work Telephone: _____

Signature: _____ Date: _____

A. Request for Graduation

- Fall/November 2009 Graduation (due September 11, 2009)**
- Winter/March 2010 Graduation in absentia (due November 3, 2009)**
- Spring/June 2010 Graduation (due December 4, 2009)**

If applicable, complete the following sections:

B. Major/Minor Certification

- I intend to complete an equivalent of an Arts and Science
major in _____
minor in _____

If you checked box “B” above, you must complete and submit a Major/Minor Request Form by **Feb. 26, 2010**. Follow the instructions as outlined on the form and see page 32 of your 2009-10 Calendar.

C. Preparation for Teaching

- I intend to complete all conditions required for the “Teaching Preparation Option” and request that the notation be placed on my transcript. See page 28 of your 2009-10 Calendar. Due by **October 30, 2009**.

Notice of Collection - Freedom of Information and Protection of Privacy Act

The University of Toronto respects your privacy. The information on this form is collected pursuant to section 2(14) of the University of Toronto Act, 1971. It is collected for the purpose of administering graduation at the Faculty of Physical Education and Health. At all times it will be protected in accordance with the *Freedom of Information and Protection of Privacy Act*. If you have questions, please refer to www.utoronto.ca/privacy or contact the University’s Freedom of Information and Protection of Privacy Office at 416-946-5385, Room 201, McMurrich Bldg., 12 Queen’s Park Crescent, Toronto, ON, M5S 1A1

Date received: _____ Received by: _____