

NEW M.Sc./Ph.D. STUDENTS

**Please complete this form and return it to the Departmental Graduate Office
or email as an attachment to pharmtox.dept@utoronto.ca**

This information is for Departmental use and for Faculty of Medicine reporting purposes only.
The following information will be kept on file. All mail will be sent to the *Laboratory Address* given.
If any changes occur, please inform the Graduate Office immediately.

Name (Last, First): _____

Student Number: _____ UTORid: _____

Home/Current Mailing Address:

Telephone #s: _____ (home) _____ (cell) _____ (FAX)

Email address (utoronto.ca): _____ (alternate): _____

May we include your utoronto.ca e-mail address listed on the Departmental Web Page? Yes___ No___

SUPERVISOR INFORMATION:

Supervisor Name: _____

Laboratory Address: Include Room Number: _____

Laboratory Telephone: _____ FAX: _____

E-mail address: _____

CO-SUPERVISOR INFORMATION:

Co-supervisor Name: _____

[NOTE: Co-supervisors of an M.Sc. or Ph.D. thesis must hold graduate faculty appointments. If the graduate appointment is from a department other than the Department of Pharmacology, the appointment of the Co-supervisor must be approved in writing by the Graduate Coordinator or Department Chair. Individuals who do not hold graduate appointments but who have the expertise to contribute to directing a students' thesis research may be appointed to the supervisory committee for that student but cannot be designated as a Co-supervisor.

Graduate Department Affiliation: _____

Full Mailing Address: _____

Telephone: _____ FAX: _____

E-mail address: _____