University of Toronto
Department of Mathematics

LATE REGISTRATION

(MAT/APM Courses Only)

Application To change MATH course or be added late	
Surname:	**First Name:**
Student ID:	**Student Cumulative Grade Point Average (CGPA):**
Original Course (For Changes)	**Telephone & E-mail:**
New Course(s) Requested:	**Lecture:** **Tutorial**

Please print and attach an unofficial copy of your transcript

Reason(s) for requesting the registration:

Have you received other MAT/APM course waivers?

☐ Yes ☐ No

I have attached an unofficial transcript printed from ROSI/ACORN

☐ Yes ☐ No

List other waivers that you have received _____

FOR OFFICIAL USE ONLY

Date Reviewed: _____

Approved: ☐ Yes ☐ No

Approved By: _____ (Print)

Entered By: _____ (Print)

Signature: _____

Signature: _____

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