



School of the Environment  
UNIVERSITY OF TORONTO

**Environmental Studies/Environment & Health  
Collaborative Specialization Enrolment Form**

**Student Information**

Last Name:		First Name:	
Student Number:		Email:	
Graduate Unit:	Degree:	Program Start Date:	

**Collaborative Specialization Information**

Collaborative Specialization of Interest:

Environmental Studies

Environment & Health

Briefly outline:

- Your environment or environment & health related research interests
- The relevance of the study of the environment to your academic interests/education

How did you hear about this collaborative specialization?

**Approval**

Student Signature:	Date:
Home Unit Signature*:	Date:
Graduate Associate Director Signature:	Date:

\*Students should have their home unit sign off on this request prior to submitting the enrolment form to [grad.office.env@utoronto.ca](mailto:grad.office.env@utoronto.ca).