

Environmental Studies / Environment & Health Graduate Collaborative Specializations Confirmation Form

Name:	Student Number:	
Canadian Citizen: ☐ Permanent Re	esident: Visa Student: Country of Citizensh	ip:
Collaborative Specialization (CS):		
CS Start Month/Year:	Expected Convocation Month/Yo	ear:
Degree Program Home Department:		
Degree Sought:	_ Full-time \square Part-time \square Thesis \square Research Pap	er □ Coursework □
E-mail Address:(please note that each student is require	ed to have an UTOR email account)	
	or environment and health related research in ironment to your academic interests and grad	
1.Student Signature:		Date:
2. Home Unit Grad. Chair/Associate C	Chair/Director Signature:	. Date:
3. School's Director's/Grad. Associat	te Director's Signature:	Date: