



**Centre for Industrial Relations and Human Resources  
CHRM Application Form – 2025/26 Academic Year**

**Application and Document Deadline: February 01, 2025**

**Applicant Information 1**

Have you previously applied to the University of Toronto?  
 No  Yes, please list your UofT Id#:

What session are you applying to?  
 Summer Session  Fall & Winter Session

**Applicant Information 2**

Last Name:		First Name:		Middle Name:	
Former Legal Name:					
Street Address:				Apt/Suite:	
City:		Province:		Postal Code:	
Day time Phone:		Email:			
Date of Birth:	YEAR /MONTH / DAY		Date of Entry to Ontario:	YEAR /MONTH / DAY	
First Language:	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other, please list:				
Country of Citizenship:					
Status in Canada:	<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other, please list:				

**Education**

**Secondary schools attended in Canada and abroad** (if you need more space, please use a separate sheet)

Name of institution	City	Province/State	Country	Dates Attended	
				From /	To/
				MONTH / YEAR	MONTH / YEAR
				MONTH / YEAR	MONTH / YEAR
				MONTH / YEAR	MONTH / YEAR

**Post-Secondary Institutions attended in Canada and abroad** (if you need more space, please use a separate sheet)

Name of institution (if not in Canada list Country)	Faculty/ Program	Type of Degree sought	Conferred (yes or no)	Dates Attended	
				From /	To/
				MONTH / YEAR	MONTH / YEAR
				MONTH / YEAR	MONTH / YEAR
				MONTH / YEAR	MONTH / YEAR

**Are you requesting Transfer Credits?**  No  Yes, please assess the following courses:

Course code listed on your transcript	Course Title	Course descriptions must be provided
		<input type="checkbox"/> enclosed <input type="checkbox"/> to follow
		<input type="checkbox"/> enclosed <input type="checkbox"/> to follow
		<input type="checkbox"/> enclosed <input type="checkbox"/> to follow

**Access to Academic Records for UofT Students**

*I hereby authorize the CHRM Program Office to access my UofT academic transcript on ROSI. Upon request I will provide the CHRM Program Office with official transcripts if the ROSI records do not contain a complete academic record of my studies.*

Signature:

Date:

**Applicant's Signature**

**Please read before you sign this application:** *The name shown at the top of this form is the complete name by which I am legally and correctly known. I understand that if I have not previously applied to or registered at this University this name will be officially recognized in academic records of the University, and it will not be changed without formal verification. I understand that if I have previously applied to or registered at the University and the name on this form is other than that by which I am known in the academic records of the University I must submit a change of name request. I hereby certify that all statements on this application form and in any material filed in support hereof are true, correct and complete and all material information has been disclosed. I understand that if the University finds to the contrary, my admission to or registration in CHRM and in the University may be rescinded and cancelled after notice in writing to me at my home address or email address as shown hereon.*

Signature:

Date:

**Application Payment**

A ninety-four (\$94) non-refundable application fee is required of all applicants. A money order payable to CIRHR-University of Toronto must be mailed to CHRM Program Office, 119 St George Street, Toronto, Ontario, M5S 1A9.

**You may email your application to the Program Office.**

**Applications will be processed only after the fee is received by the Program Office.**

Please mail or email complete application to:

Mailing address: CHRM Program Office, Room 236  
 119 St George Street  
 Toronto, Ontario M5S 1A9

Email: [irhr@utoronto.ca](mailto:irhr@utoronto.ca)