



**Collaborative Graduate Program in Genome Biology and
Bioinformatics | University of Toronto**

Student Application Form

Name: _____

Student No.: _____

Email: _____

Department: _____

Date of registration in PhD program: _____

Supervisor: _____

Supervisory committee members: _____

Academic Background

Degree	University	Major/Specialization
1.		
2.		

Graduate Courses Completed:

Course number	Course name

Description of PhD Research Project: (1-2 paragraphs; include an extra page if needed)

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Acknowledgement of registration

Supervisor signature:

	Date:
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Student signature:

	Date:
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