



**Section 1 – Personal Information**

(please print clearly)

Last Name (Legal Name as it appears on your Passport):		Given Names (in Full):	
Former Legal Name (if applicable):		If you have changed your name since your last attendance / application to Knox College, TST or UofT, please complete a Change or Correction of Name form.	
Date of Birth: ____/____/____ YYYY MM DD	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Another gender identity	<i>Note: Gender is not disclosed on the official academic record and will be used internally by UofT and Knox College for statistical purposes only.</i>	
Country of Citizenship:	Your first language: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other: _____		
<b>Legal Status in Canada:</b> <input type="checkbox"/> Canadian Citizen (born in Canada or secured Canadian citizenship) <input type="checkbox"/> Permanent Resident PR Date Issued: _____ (YYYY MM DD) <input type="checkbox"/> I hold a Study Permit OR <input type="checkbox"/> I hold a _____ Permit Date Issued: _____ (YYYY MM DD) <input type="checkbox"/> I have not yet applied for a Study Permit			

**Section 2 – Contact Information**

Mailing Address (during the academic year)			
Street Address:			
City:	Province / State:	Postal / Zip Code:	Country:
Daytime Telephone:	Email:		
Home / Permanent Address: Same as above			
Street Address:			
City:	Province / State:	Postal / Zip Code:	Country:

**Section 3 – Academic History**

I have previously attended the following universities / colleges:						
Institution Name	Degree	Major / Program	Degree Conferred		Years attended	
			Yes	No	From	To
Have you ever applied to or previously attended:			If yes, please provide your Student Number:			
<input type="checkbox"/> Knox College <input type="checkbox"/> University of Toronto <input type="checkbox"/> Another TST Member College						
<b>The last year of attendance/application:</b> _____ (YYYY) <input type="checkbox"/> Fall (September – December) <input type="checkbox"/> Winter (January – April) <input type="checkbox"/> Summer (May – August)						
Date:	Applicant Signature:					