



UNIVERSITY OF TORONTO  
FACULTY OF APPLIED SCIENCE & ENGINEERING



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**Name:** \_\_\_\_\_

**Student Number:** \_\_\_\_\_

**Program of Study and Department** (e.g., BAsC in MechE): \_\_\_\_\_

**Year of Study** (e.g., 4<sup>th</sup> year): \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Location of Shoot** (e.g., BA3000): \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Mailing Address** (street address, city, postal code):  
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