



Knox College Student Information Form

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: <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> <input type="checkbox"/> Female <input type="checkbox"/> Male		
Country of Citizenship:		Your first language: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other: _____	
Legal Status in Canada: <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: <input type="checkbox"/> 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	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	From	To
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
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					
The last year of attendance/application:					
_____ (YYYY) <input type="checkbox"/> Fall (September – December) <input type="checkbox"/> Winter (January – April) <input type="checkbox"/> Summer (May – August)					

Date:	Applicant Signature:
-------	----------------------

Date Received:	Signature of Recruitment Officer & Admissions Counsellor
----------------	--