



**UNIVERSITY OF TORONTO**  
**FACULTY OF KINESIOLOGY & PHYSICAL EDUCATION**

**REQUEST FORM**

*I would like to request from one of the following. Form not valid unless accompanied by receipt of payment.*

**Letter of permission to take an academic course(s) at an external institution. (\$32.00)**  
 You **must submit** the following information **before your request can be processed**.

- Institution/Location: \_\_\_\_\_
- Contact Person: \_\_\_\_\_
- Course Title: \_\_\_\_\_
- Course Number: \_\_\_\_\_
- Course Time: \_\_\_\_\_ Period of Study: \_\_\_\_\_
- Full Course Description -  copy attached                      Payment \$32.00

**Letter of confirmation (\$7.00)**

- List the required information that needs to be confirmed – e.g. full-time attendance status, period of study, etc. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Address the letter to:  To Whom It May Concern /  Other: \_\_\_\_\_  
 \_\_\_\_\_
- Date required: \_\_\_\_\_ (allow **two** business days for processing)
- Payment required: \$7.00 (submit to AC Main Office for processing)
  - I would like to pick up the completed letter the AC Main Office, room WS1040
  - I would like a PDF copy of the letter emailed to my student email address

Student's Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Student's Number: \_\_\_\_\_ Current Year of Study: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_  
 UTmail + email: \_\_\_\_\_ Date: \_\_\_\_\_

-----**for office use**-----

Date received: \_\_\_\_\_ Approved by: \_\_\_\_\_

**Credit Card Method of Payment**

- VISA
- MASTER CARD
- AMEX

If you wish to pay by credit card, you must authorize the Faculty of Kinesiology and Physical Education to debit your card. Please fill in the following information:

**\*\*I authorize the Faculty of Kinesiology and Physical Education, University of Toronto to debit my AMEX, VISA, or MASTER CARD for the service fee noted on this form\*\***

Card number: \_\_\_\_\_ Expiry date: \_\_\_\_\_

CVV number: \_\_\_\_\_

Card holder's name as it appears on the card: \_\_\_\_\_

Card holder's signature: \_\_\_\_\_

Return this form along with your completed application:

**By mail**

KPE Registrar's Office  
55 Harbord Street  
Toronto, ON M5S 2W6

**By fax**

Attn: Elicia Giannone  
416-971-2118

***Notice of Collection – Freedom of Information and Protection of Privacy Act***

The University of Toronto respects your privacy. The information on this form is collected pursuant to section 2(14) of the University of Toronto Act, 1971. It is collected for the purpose of administrating the services listed on this form. At all times it will be protected in accordance with the *Freedom of Information and Protection Privacy Act*. If you have questions, please refer to [www.utoronto.ca/privacy](http://www.utoronto.ca/privacy) or contact the University's Freedom of Information and Protection of Privacy Office at 416-946-5835, room 201, McMurrich Bldg., 12 Queen's Park Crescent, Toronto, ON, M5S 1A1