



The Collaborative Specialization in Resuscitation Science

University of Toronto
 Rescu, St Michael's Hospital
 30 Bond Street
 Toronto M5B 1W8

T: 416-864-6060 x7843

E: cprsinfo@smh.ca

Please complete and submit as part of your application package to CSRS.

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Last Name	Title
<input type="text"/>	<input type="text"/>	<input type="text"/>
Student Number	Graduate Institute, School or Department	Degree
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	Supervisor's Name and Department* <i>*Not always applicable to Masters students</i>	SGS Reg Date
<input type="text"/>	<input style="width: 100%;" type="text"/> Home telephone	
Mailing Address (incl postal code)	<input style="width: 100%;" type="text"/> Mobile	
<input type="text"/>		
Title/Topic of Research		
<input type="text"/>	<input type="text"/>	
Student Signature and Date	Supervisor's Signature and Date*	
Please note: Before being admitted to the Collaborative Program in Resuscitation Sciences, a student must be registered in a home graduate unit, institution or department. For a list of participating degree programs please see our website at www.resuscitationscience.ca		
For Office Use Only Supervisor Notified ___ Add to email lists ___ Department Notified ___ Note in Newsletter ___ Student Notified ___ Add Profile to Website ___ SGS Notified ___		