

Authorization, Acknowledgment and Consent

McGill University

Admissions, Recruitment, and Registrar's Office
845 Sherbrooke Street West
Montreal, Canada
H3A 2T5

Term

--	--	--	--	--	--	--	--

NAME _____
family/given names (please print clearly)

McGILL I.D. _____ **DATE OF BIRTH** _____
year/month/day

This agreement establishes your rights and responsibilities upon registration. Your