

Please select one date:

Please select:

☐ Ryerson Community – Cost: \$300.00

☐ External – Cost: \$ 500.00 Please indicate your organization:

Name:

Faculty:

School/Department:

Status:

☐ RFA

☐ CUPE

☐ Other (Please indicate):

Phone number:

Email:

Previous Teaching
Experience:

Number of Years:

Where?

Additional relevant work
experience:

Why are you interested in
taking the ISW:

Applicant's signature:

Date:

Chair's/ Director's Signature (optional*):

Date:

* There may be financial support from your department/school.

I understand that registration will be confirmed on receipt of the indicated registration fee.
(Cheques only made to Ryerson University). \$100.00 cancellation fee is charged after the deadline.

For LTO Use only:

Application received on: _____

Initial: _____

Protection of Privacy

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