

# ANA 498Y – Ballot Form

NAME: \_\_\_\_\_

STUDENT NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

COLLEGE: \_\_\_\_\_

PROGRAM: \_\_\_\_\_

DATE: \_\_\_\_\_

\*\*\*\*\*

SUPERVISOR: \_\_\_\_\_

SUPERVISOR'S  
SIGNATURE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

DATE: \_\_\_\_\_

PROJECT TITLE: \_\_\_\_\_

SESSION IN WHICH THE PROJECT IS TO BE UNDERTAKEN (CIRCLE ONE)

FALL & WINTER

SUMMER

Please return the form to:

Office of Undergraduate Administrative Officer  
Division of Anatomy  
Room 1156, Medical Sciences Building  
University of Toronto  
Toronto, M5S 1A8  
Email: b.soora@utoronto.ca