



**SCHULICH SCHOOL OF BUSINESS  
OPERATIONS RESEARCH (CORS DIPLOMA) COURSE REQUEST**

*This is a request to take courses in another Undergraduate Programme at York University for credit*

Full Name: \_\_\_\_\_ Student #: \_\_\_\_\_

Email (@yorku.ca): \_\_\_\_\_ Telephone: \_\_\_\_\_

Undergraduate Program in which you are registered: \_\_\_\_\_

The following courses are currently offered. Please check the online [Schulich Course Offerings](#) for details

**Indicate the courses and semesters for which you are requesting enrolment**

	Fall	Winter	Catalogue #
<i>Example:</i>	<i>Fall 201_</i>	<i>Winter 201_</i>	<i>A99A99</i>
SB/OMIS 3670	_____	_____	_____
SB/OMIS 3730	<b>N/A</b>	_____	_____
SB/OMIS 4000	_____	<b>N/A</b>	_____
SB/OMIS 4550	<b>N/A</b>	_____	_____
SB/OMIS 4560	_____	_____	_____

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Undergraduate  
Programme Director at home faculty

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Schulich  
Student and Enrolment Services

\_\_\_\_\_  
Date

\_\_\_\_\_  
Coded / Student Contacted by

\_\_\_\_\_  
Date

**Please return to Schulich Student Services (SSB W262)  
or to [studentservices@schulich.yorku.ca](mailto:studentservices@schulich.yorku.ca) prior to enrolment if possible, or at least 2-4 weeks in advance of the  
term start**

**Protection of Privacy:** Personal information in connection with this form is collected under the authority of *The York University Act, 1965*. The information will be used for educational, administrative and statistical purposes. If you have any questions about the collection, use or disclosure of this information by York University, please contact the Director, Schulich School of Business, W262 SSB, 4700 Keele Street, Toronto, ON M3J 1P3, tel. 416-736-2100 Ext. 70670.

Revised on 06.02.2016

Privacy 06.02.2016