

## ANA400H1 Ballot Form

Name	
Student Number	
Phone Number	
UToronto Email	
College	
Program	
Year	

**Upon acceptance into course, please send form to [anatomy@utoronto.ca](mailto:anatomy@utoronto.ca)**

**Divisional Use Only:**

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Enrolled Div	
CMR Sent	
CMR Enrolled	
Emailed	
Removed	
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