

York University Graduate Program in Philosophy

Payroll Information

Please return to this completed form the attention of Emma Posca via one of the following means:

Mail: York University, Graduate Program in Philosophy, S429 Ross Building, 4700 Keele Street, North York, ON, M3J 1P3;

Email: poscae@yorku.ca; Fax: 416-736-5114

Coursework

Name	
Student #	
Social Insurance #	
Date of Birth	
Address (with Postal Code)	
Telephone #	
Cell phone #	
Degree	<input type="checkbox"/> PhD <input type="checkbox"/> MA
Status (Check one)	<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Visa

Emergency Contact Information

EMERGENCY CONTACT NAME	
Relationship to you	
Phone # of Contact	

Bank Information

(if your bank information changes you must notify the Graduate Program Office)

BANK NAME	
Bank ID	
Branch #	
Bank Address	

Please attach a voided cheque OR bank deposit slip for direct deposit purposes:

CANADIAN BANK ONLY

VOIDED CHEQUE

Please attach here