

University of Toronto Scarborough
Culinaria Research Centre
Application
Collaborative Specialization in Food Studies
MA and PhD Levels

Name: _____ Student Number: _____

Email address: _____ Phone: _____

Mailing Address: _____

Permanent Address: _____

Home Department: _____ Degree Sought: _____

Experience in Food Related field (practical or scholarly):

Thesis/Research Paper Title/Topic: _____

Research Paper Enclosed:

Curriculum Vitae Enclosed:

Student Signature: _____ Date: _____

Home Graduate Coordinator Signature: _____ Date: _____



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