Course-project registration form

Office of the Registrar

HEC MONTRÉAL

NOTE

Students should inform us of any change of address or telephone number by emailing us at registraire.info@hec.ca

Please print

Family name

HEC Montréal file number

Given name

Date of birth

year month day

Mr. ☐ Ms. ☐

Telephone (home)

area code number

Telephone (work or other)

area code number extension

Program: _____

Term: (✓) ☐ Fall ☐ Winter ☐ Summer

Reserved for the Office of the Registrar

Course number

Number of credits

Title of the course-project

Description of the course-project

If necessary, use another page and staple it to this form.

Please specify the date the project will be completed: _____

Date	Name of student	Signature
Date	Name of supervising professor	Signature
Date	Name of academic director	Signature