

**NOTE**

**First check with your administrative office to make sure that your activity is accepted in your program.**

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

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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: \_\_\_\_\_

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