Date	
07.09/ <b>9</b> .330.1	

Students should inform us of any change of address or telephone number by emailing us at <u>registraire.info@hec.ca</u> Please print								
Family name				HE	EC Montréal fil	e number		
Given name		Date of birth	Mr.	Ms.				
		year month d	ay					
Telephone (home)	1	Telephone (work or othe		1 1				
area code number		area code number		extension				
Program:					or the Office of	the Registra		
<b>Term:</b> (✓)	Winter	Summer		Course number Number				
Title of the course-proje	ct			of credits				
	-							
Description of the cours	se-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					

## HEC MONTREAL

Course-project	Offi
registration form	the

ice of Registrar

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

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