



# Request for Set-Up or Change of a HRIS Institution or Degree

Requests to setup or change an Educational Institution or Degree used in Infotype 9022 (Education) must be submitted to SGS for verification:

Please complete all sections of the form and send the form to [gradschool@sgs.utoronto.ca](mailto:gradschool@sgs.utoronto.ca) or fax to 416-978-4367  
If you have any questions regarding the completion of this form, please email [gradschool@sgs.utoronto.ca](mailto:gradschool@sgs.utoronto.ca).

			STATUS	
			Set-UP: <input type="checkbox"/>	CHANGE: <input type="checkbox"/>
Degree Name in official/native language (if applicable): (Please print name in full)				Degree Acronym:
Post-Secondary Institution Name in official/native language (if applicable): (Please print name in full)				
City of Institution:			Country of Institution:	
Year Conferred:	Education Code: (Req. If existing)	Comments:		

			STATUS	
			Set-UP: <input type="checkbox"/>	CHANGE: <input type="checkbox"/>
Degree Name in official/native language (if applicable): (Please print name in full)				Degree Acronym:
Post-Secondary Institution Name in official/native language (if applicable): (Please print name in full)				
City of Institution:			Country of Institution:	
Year Conferred:	Education Code: (Req. If existing)	Comments:		

			STATUS	
			Set-UP: <input type="checkbox"/>	CHANGE: <input type="checkbox"/>
Degree Name in official/native language (if applicable): (Please print name in full)				Degree Acronym:
Post-Secondary Institution Name in official/native language (if applicable): (Please print name in full)				
City of Institution:			Country of Institution:	
Year Conferred:	Education Code: (Req. If existing)	Comments:		

ALL SHADED FIELDS ARE **REQUIRED**.

## CONTACT INFORMATION:

Request Submitted by:		Submitted on:
Phone Number:	Extension (If req.)	Email Address:

## COMMENTS / GENERAL DETAILS:

## SGS APPROVAL:

Approved by: (Please Print Full Name)	Signature:
Phone Number Extension #:	Date: