Graduate Course Audit Form

This form is to be used by graduate students wishing to audit a graduate-level course.

Please see 6.04 of the Graduate Regulations for important information regarding auditing graduate courses.

Student Name: _____

Graduate Program: _____

Student Number: _____

Degree: _____

AUDIT	DROP AUDIT	SUBJECT/COURSE TITLE	COURSE NUMBER	SECTION	TERM	INSTRUCTOR'S SIGNATURE OF APPROVAL

Comments/Expectations:
(must be completed by the course instructor)

After obtaining all necessary signatures, submit this form to the Office of the Registrar.

Student Signature Date

Supervisor Signature Date

Graduate Chair Signature Date

SGPS Approval Date

The personal information on this form is collected under the authority of *the University of Western Ontario Act, 1982,* as amended.
For a complete Collection Notice, visit www.grad.uwo.ca.

Form Revised March 2011