

Student Name:

Graduate Program:

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 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.						
Studen	it Signa	ure Date		Supervisor	Signature	Date
Gradua	ate Cha	r Signature Date		SGPS App	roval	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.