SGPS 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:					
			-			<u> </u>
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 o	btainin	g all necessary signatures, submit this for	m to the Office	of the Regi	strar.	
Studen	t Signat	ure Date		Supervisor	Signature	Date
Graduate Chair Signature		r 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.