



Graduate Course Audit Form

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

Student Name:
Graduate Program:

Student Number:
Degree:

AUDIT	DROP AUDIT	SUBJECT	COURSE NUMBER	SECTION	TERM	INSTRUCTOR APPROVAL

Comments:

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

Student Signature

Date

Supervisor Signature

Date

Graduate Chair Signature

Date

OOR Signature

Date

Copy 1 – Office of the Registrar



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Copy 2– Graduate Program

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.uwo.ca/grad.

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