

GRADUATE STUDENT AUDITING REQUEST FORM

<u>SJD students</u> are authorized to audit one course per term; <u>LLM thesis students</u> may apply to audit on an exceptional basis.

Students should be aware that approval in principle does not guarantee access to any particular course; auditing is conditional upon permission from the instructor and availability of space in the class (which will not be confirmed until the end of the add/drop period).

| Part I: To be completed by student | |
|--|-------------------------|
| Student Name: | UofT Email: |
| Student#: | Supervisor: |
| Degree Program: SJD LLM LT LLM ST | |
| Course Information: | |
| Course Name: | |
| Graduate Course Code: | Term: |
| Professor: | |
| Reason(s) for auditing: | |
| | |
| | |
| Have you audited a course before? Yes No | |
| If YES, which course and when? | |
| Signed by student: | Date: |
| Signed by student. | Date. |
| | |
| Part II: To be completed by student's supervisor | |
| | |
| Do you believe this course is relevant to the student's | thesis research? Yes No |
| Is this course necessary to the development of the stu | dent's thesis? Yes No |
| is this course necessary to the development of the student strictis. | |
| Signed by supervisor: | Date: |
| | |
| | |
| Part II: To be completed by Associate Dea, Graduate Programs | |
| Tare II. To be completed by Associate Dea, Graduate Frograms | |
| Auditing request approved: Yes No | |
| C officers the contract of | |
| Signed by Associate Dean, Graduate Programs: | Date: |
| | |