



Application to Audit an iSchool Course

NAME: _____

ADDRESS: _____

EMAIL: _____

TELEPHONE: Home () _____ - _____

Work () _____ - _____

Course/s to Be Audited	Session Offered	Instructor Approval	iSchool Approval*	Certificate (Y or N)**

I, the undersigned, understand that I am not taking the above-named course for academic credit towards a degree program. I understand and agree to comply with the University and Faculty policies regarding auditors. I understand that the audit fee is **non-refundable**. Payment is due upon Faculty approval.

_____ Applicant's Signature

_____ Date

Please return the completed, signed form to the Student Services, room 211.

*Final approval is subject to Assistant Dean's review and approval c/o Student Services.

If **certificate is requested, please ensure attendance of 75% or more is confirmed by sign-off on page 2.

Fee for current iSchool students: \$10.00 for certificate (no charge if certificate not requested).

Fee for external students (including alumni): \$500.00.

Please make cheques payable to "The University of Toronto."

For Office Use Only: Received payment of \$ _____ on _____.

Certificate Issued on _____

Dates of Attendance:

Instructor Signature:

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____
8 _____
9 _____
10 _____
11 _____
12 _____

