IMAGINATION IS EVERYTHING
OCAD U

www.ocad.ca
100 McCaul Street, Toronto, Ontario Canada M5T 1W1
TELEPHONE 416.977.6000 FACSIMILE 416.977.4201

Graduate Studies
Request for Permission to Audit

Any personal information collected on this form is protected under the Freedom of Information and Protection of Privacy Act. The information you provide will be used to update your OCAD records. These records are only viewed by OCAD administrative staff and are not released to any other parties.

Graduate students may audit any course provided the required permissions have been granted. Not all courses may be audited.

Graduate students must present the Request for Permission to Audit form to the course instructor at the first or second class for approval and then to the instructor's Associate Dean (or designate) for Faculty approval and then to their Program Director for final approval.

The form must be submitted to the Office of the Registrar before the end of the second week of classes.

Student No.	Last Name:	First Name:
Program:		Year of Admission:

Course Code: Year/Semester:	Course Title:
☐ Approved ☐ Not Approved	Comments: _____ _____ _____ Instructor (Please Print) Signature Date

Instructor's Associate Dean (or designate): Date: _____

Course Code: Year/Semester:	Course Title:
☐ Approved ☐ Not Approved	Comments: _____ _____ _____ Instructor (Please Print) Signature Date

Instructor's Associate Dean (or designate): Date: _____

I wish to audit the above course(s):

_____ _____
Student Signature **Date**

Graduate Program Director: Date: _____

FOR OFFICE USE ONLY:

Received by: _____ Date: _____	**ENTERED DBOCAD** Initials _____ Date _____