



Graduate Course Approval Form

Name: _____

Length of Program: _____

Student Number: _____

Home Department: _____

Phone Number: _____

Degree: _____

Email Address: _____

Course Details

Course Code: _____

Course Instructor: _____

Course Instructor's Email: _____

Session Taken/To be Taken in: _____

Grade Received (If Applicable): _____

Course Description from Calendar:

Please attach a copy of the course syllabus with completed form to Rebecca Thorpe at rebecca.thorpe@utoronto.ca or bring to UC 251 during regular business hours.

FOR OFFICE USE ONLY

Date Received:

Date Approved:

Approved by:

Notes:

