

INTERNAL AUDIT REQUEST FORM - AY 2025-26

During the 2025-26 academic year, undergraduate courses offered by the Italian, Spanish, Portuguese or Latin American Studies programs are available to auditors with permission of the Associate Chair of Undergraduate Studies and the instructor. Please refer to our website for definitions and policies.

If accepted, internal audit requesters must agree to the following conditions:

- Auditors may not submit any written work for the course, write tests or final examinations, nor submit comparable materials that would be equivalent to any form of evaluation. Instructors and/or teaching assistant will not mark any work from auditors.
- Courses taken as an audit may not be converted to credit courses at a later date.
- Internal auditors do not have to pay fees unless an audit attendance confirmation letter is required.

To	be comp	leted b	y the interna	l audit re	quester
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LASTINAME		FIRST NAME		
MIDDLE NAME(S) OR MIDDLE INITIAL(S)				
EMAIL ADDRESS				
Course Code and Session				
STUDENT (OR PERSONNEL) NUMBER		COLLEGE (IF APPLICABLE)		
Program		UTORID		
Do you require an audit attendance cor Please note that this certificate will only		□YES	□NO	
Briefly state why you wish to audit this o	course:			
As an auditor of this course, I agree	to be bound by th	e University of Toror	nto's Code of Student Conduct.	
DATE (DD/MM/YY)		SIGNATURE		
To be completed by the course instruct	or:			
COURSE NUMBER AND TITLE (Lecture section, if applicable)		CTOR'S NAME ase print)	INSTRUCTOR'S SIGNATURE (Must be obtained before submission)	
OFFICE USE ONLY				
A I A i to Ob i .	Payment receive	d: \$	Date received:	
Approval - Associate Chair, Undergraduate Studies (Signature)	Cheque No.		Date forwarded:	