UNIVERSITY OF ST. MICHAEL'S COLLEGE
Faculty of Theology

SUBMIT FORM TO:
By Mail: Student Services Office, Faculty of Theology, University of St. Michael's College 81 St. Mary Street, Toronto, ON M5S 1J4
In Person: Student Services Office, Faculty of Theology, University of St. Michael's College, Room 307, 121 St. Joseph Street, Toronto, ON M5S 3C2
Phone: 416-926-7128   **Email:** inquiry.usmctheology@utoronto.ca   **Website:** stmikes.utoronto.ca/theology

AUDITOR APPLICATION AND REGISTRATION

This form is to be used by a restricted group of non degree-seeking students (see Section A for eligibility).
This form must be submitted at least two weeks prior to class start date.

SECTION A   Applicant's Information   (to be completed by applicant)

Name: _____
                      (First Name)   *(Last Name)*

Correspondence Address: _____

Email: _____ Phone: _____

Education level: ☐ high school   ☐ undergraduate/graduate: _____
                                                      (last degree obtained)

Eligibility Group:
I am a(n) *(please choose one)*:
☐ University of St. Michael's College Alumni *(Proceed to Section B)*
☐ University of St. Michael's College Employee *(Proceed to Section C)*
☐ Employee of the Toronto Archdiocese *(Proceed to Section C)*

SECTION B - Alumni's Study History (to be completed by applicant)

Name used at time of study *(please choose one)*
☐ same as above   OR
☐ no, my name was _____
                          (First Name)   *(Last Name)*
I graduated in _____ My student # *(optional)* _____
                    (Year)

SECTION C - Confirmation of Employment (to be completed by applicant's employer)

This is to confirm that the above named applicant works for the Department of *(please choose one)*:

1) _____ in the University of St. Michael's College
or
2) _____ in the Toronto Archdiocese Office

Name of Supervisor : _____
                      (please print First and Last Name)

Job Title: _____

Signature of Supervisor: _____ Date: _____

Supervisor's Contact Information:

Phone: _____   Email: _____

SECTION D – Course Information (to be completed by applicant)

Course No. _____ Course Title: _____

Term: _____ Name of Teaching Professor: _____

This is my *(please select one)*
☐ first time
☐ second time
☐ third time auditing a Faculty of Theology course

SECTION E - Conditions of Auditing

1. Auditors are fully qualified students who are present for and participate in classes according to the general policy outlined below and any particular policies set forth by the instructor of the course.
2. Based on class size and other administrative reasons, the Faculty may limit the number of auditors allowed in each course.
3. The Faculty reserves the right to accept or decline an auditor's application and the decision may not be appealed.
4. Confirmation from the Faculty either accepting or rejecting the audit application will be communicated via email directly to the applicant prior to the first day of class. Without the confirmation, an applicant may not assume that the application is approved.
5. All auditors are expected to complete a sufficient amount of the required readings for the course in order to be able to follow the lectures given. Auditors who receive permission from the instructor of the course to participate in class discussions, seminars, tutorials, etc. are expected to complete the same amount of required readings as students enrolled in the course for credit.
6. Auditing permits attendance at class only, assignments are not required, and, if presented, are not formally evaluated. No grade or credit will be given for course audit. No transcript or written record will be issued for audit courses.
7. Courses taken as audit may NOT be converted to credit courses at a later date.
8. Auditors are subject to all academic and disciplinary regulations as outlined in the Faculty of Theology Bulletin/ Handbooks.
9. Auditors who are not formally admitted to Faculty of Theology are neither candidates for a degree or diploma nor will they be entitled to any student benefits, e.g., Student Card, Student Discounts for Public Transit Passes, etc.
10. Auditors may not be eligible for portal access.

I have read the Conditions of Auditing and hereby agree to be bound by them.

APPLICANT'S SIGNATURE: _____ DATE: _____

OFFICE USE:

Number of students _____ & auditors _____ registered for the course on _____

This is the ☐ 1st ☐ 2nd ☐ 3rd course audited by this auditor at the Faculty of Theology

Application Received on: _____

Application Approved: ☐ yes ☐ no _____
Programs Coordinator - Signature

☐ yes ☐ no _____
Teaching Professor - Signature

Date when final approval is granted: _____

Date when applicant is notified of the decision: _____