

COURSE AUDIT REGISTRATION FORM  
MSC7000Y Regenerative Medicine

**Conditions of Registration**

1. Auditors are defined as person(s) who have completed their graduate studies and/or are Fellows (Post Doctoral/Clinical/Research) and do not require credits.
2. Auditors are admitted to classes on the understanding that they will attend and participate in discussion, but are not required to do assignments, and are not entitled to essay or examination assessment. A final grade is not assigned and no transcript or certificate of attendance is provided.
3. Auditors will not be granted access to lecture materials.
4. To be eligible, applicants must have met the normal academic requirements and ensure that auditors attend a minimum of 75 percent of lectures. This will be monitored by online login statistics and/or class attendance.
5. Enrolment will be restricted to half of the number of registered students, subject to the availability of space. Enrolment is dependent upon qualifications, supervisor approval, and the course director's approval.
6. Auditors located in Toronto, must attend class. Auditors outside of Toronto would be required to audit the course online via webcast. Off- site auditors must comply with webcasting requirements:
  - Operating System: Any
  - Adobe Flash Player 9.0.124+ (Test your Flash version at: [www.adobe.com/software/flash/about/](http://www.adobe.com/software/flash/about/))
  - High-speed broadband internet connection
  - Modern web browser, such as IE7/8, Firefox 2+, Chrome 1+, or Safari 3+
7. The completion of this form does **NOT** guarantee that permission to attend will be granted. All of the above requirements must be followed.

STUDENT INFORMATION	
Surname	Given Name
Home Address	Mailing Address
Home phone number	Fax Number
Business phone number	Email address
Current Institution and Status:	

Requested Session: Fall/Winter 20\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Please attach an explanation (1 page maximum) of why you wish to take the Regenerative Medicine course for audit? Please include the reason you are not registering to obtain a credit.

Student Signature:	Date:
Approval of Student Supervisor:	Date:
Approval of Course Director/Program Coordinator:	Date: