



Graduate Course Approval Form

Name: _____
Student Number: _____
Phone Number: _____
Email Address: _____

Length of Program: _____
Home Department: _____
Degree: _____

Course Details

Course Code: _____
Course Instructor's Email _____
Grade Received (If Applicable): _____

Course Instructor: _____
Session Taken/To be Taken in: _____

Course Description from Calendar:

Please attach a copy of the course syllabus with completed form to the Sexual Diversity Studies office at Sexual.diversity@utoronto.ca or bring to UC 251 during regular business hours.

FOR OFFICE USE ONLY

Date Received:

Date Approved:
Approved by:

Notes: