



Psychology External Audit Request

Personal Information

Name	Date of Birth
Mailing Address	Phone Number
Email Address	

Course Information

Course Code & Title	Lecture Section
Instructor Name	Session
Audit Fee	

Signature of Auditor: _____ **Date:** _____

Signature of Instructor: _____ **Date:** _____

I would like to receive an Audit Attendance Confirmation Letter: Yes _____ No _____

Instructor's Initial _____

Please submit this form to psy.ug-assistant@utoronto.ca, or delivery in-person to the Undergraduate Assistant on the 4th floor of Sidney Smith Hall. An invoice will be sent to you within 3-5 business days.