



## Request to Audit a Class

Office of the Registrar

Student  Alum  Employee

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Personal email \_\_\_\_\_

Fall  Spring  Summer Year: 20\_\_\_\_\_

Course # \_\_\_\_\_ Section #: \_\_\_\_\_ Credits: \_\_\_\_\_

Course title \_\_\_\_\_

Instructor \_\_\_\_\_

**Note: Audit fee tuition is 1/2 the cost of academic credit**

\_\_\_\_\_  
*Student signature* \_\_\_\_\_  
*date*

\_\_\_\_\_  
*Advisor Approval (required for matriculated students)* \_\_\_\_\_  
*date*

**I give permission for the above named individual to audit my course**

\_\_\_\_\_  
*Instructor Signature* \_\_\_\_\_  
*date*

**Submit to the Registrar's Office**