REQUEST TO AUDIT COURSE(S)

	FALL	SPRING	SUMMER	MINI	20
Return cor	mpleted form	to the Record's (Office, Wimberly I	Room 102.	
Student's Name:			Date of Birth:		
Student I.D. Number:			Telephone #:		
Address:					
Email Ad	dress:				
Course	Course Faculty Approval				
Course	Course Faculty Approval				
Course	ourse Faculty Approval				
Course _	ourse Faculty Approval				
receive con chair, instr be reduced and filing a a course for for summe age or old	urse credit or ructor, and in all by the appropria or audit is the rterms). Norr	a grade) must ho structor's depart priate number o te petition form v census day for to nal course fees v	tment chair. Students a f hours. Students a with the Records C	proval from the nt semester how re responsible Office. The dead day for a long er, senior citiz	e major department urs attempted will for completing dline to register for term; 4 th class day ens, 65 years of
Student's	Signature				_ Date
Record's	Office				_ Date