

# Request to Audit a Class



Name (First and Last): \_\_\_\_\_

Student ID: \_\_\_\_\_ SSN: \_\_\_\_\_

Semester/term of requested audit (1910, 1930 etc) : \_\_\_\_\_

Advisor: \_\_\_\_\_

**Class(es) Requested for Audit: *Fee is equal to 50% of published tuition rates***

COURSE INFORMATION						
DEPT	COURSE#	CLASS#	COURSE TITLE	CR	TERM	INSTRUCTOR APPROVAL-SIGNATURE/EMAIL REQUIRED

Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Financial Obligation Agreement

*For office use only:*

Date Processed: \_\_\_\_\_

Signature of Registrar: \_\_\_\_\_