



\_\_ FALL  
\_\_ SPRING

SEMESTER \_\_\_\_\_

DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_  
last first middle

Person # \_\_\_\_\_

AUDIT COURSE \_\_\_\_\_  
title number section

Registration number

STUDENT'S SIGNATURE \_\_\_\_\_

INSTRUCTOR'S SIGNATURE \_\_\_\_\_

1. The instructor's signature is proof that permission was granted for the student to audit the above course.
2. THIS FORM DOES NOT CONSTITUTE REGISTRATION IN THE ABOVE COURSE. It is the student's responsibility to register for the course at a drop/add site.
3. The student will be charged for the course, and the course will appear on the transcript with a grade of "N" (no credit).
4. The student should return this form to 232 Capen on or before the last day to add courses

**Return this form to:**

Student Academic Processing Services 232 Capen Hall Attention: Scheduling	Fax: 645-7764
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