



# Audit Request 453.14

**Instructions:** This form is to be used by undergraduate or graduate students who wish to request to audit a course. Please print and return completed form to the Registrar's office.

Fee: \$635.00 per class (includes registration fee)

Please Print Clearly

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

Student ID Number (last 5 digits): \_\_\_\_\_

Semester: \_\_\_\_\_

Degree: \_\_\_\_\_

Course ID	Section	Course Title	Professor's Signature	Date Signed	Grade
Ex: SCI 101	Ex: A	Ex: Biology I	Ex: Professor's Signature	Ex: 10/10/2010	Ex: B

### Required Signatures:

Student:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Registrar:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### OFFICE USE ONLY

Entered in CAMS: \_\_\_\_\_ Date: \_\_\_\_\_

Copy to Student Accounts: \_\_\_\_\_ Date: \_\_\_\_\_