



# Audit Request 453.17

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

Fee: \$185.00 per class

Please Print Clearly

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

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

Course ID	Section	Course Title
<i>Ex. SCI 101</i>	<i>Ex. A</i>	<i>Ex. Biology I</i>

### Required Signatures:

Student:

\_\_\_\_\_  
Signature Date

Registrar:

\_\_\_\_\_  
Signature Date

### OFFICE USE ONLY

Entered in SONIS: \_\_\_\_\_ Date: \_\_\_\_\_

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