REQUEST TO AUDIT A COURSE

NOTE: Audited courses are posted on a student’s permanent academic record with 0 credits awarded.

STUDENT

Student Name _______________________________________________ ID # ________________

LAST     FIRST      M.I.

Course(s) to be audited:

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>COURSE #</th>
<th>SECTION #</th>
<th>CREDITS*</th>
<th>YEAR/SEMESTER (2015 FALL)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Individuals auditing courses do not receive actual credit hours for classes.

**Are you 65 years of age or more? _____Yes _____No

**Optional - Individuals 65 years of age or older receive a 50% discount.

Student Signature __________________________________________ Date ________________

INSTRUCTOR APPROVAL

Signature of Instructor _______________________________________ Date ________________

STUDENT ACCOUNTS

Please see Student Accounts for payment purposes.

REGISTRAR OFFICE

Date Received: ___________________  Received By: _______________________________

Rev. 8/10/15