

AUDIT COURSE APPROVAL

Experience Based & Service Learning Courses are not available to Audit

Please Print Name _____
Last First

Student ID# _____ Email _____ Phone # _____

Permission is hereby granted to AUDIT the following course: Semester/Year _____

Course Code	Number	Section	Title	Credit Hours
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Instructor's Signature Date

Advisor's Signature Date

I understand that this course will not count for graduation.

Student's Signature Date

YOU MUST BE REGISTERED FOR THE COURSE WHICH YOU INTEND TO AUDIT

Changes from AUDIT to CREDIT may not be made after the [add period](#) of the semester.
Changes from CREDIT to AUDIT may not be made after the [drop period](#) of the semester.