## **AUDIT REQUEST FORM**

Student taking a course without academic credit or assessment

Rev. 6/10/14

| ıll Name: (Print)   |      |                        |  |
|---------------------|------|------------------------|--|
|                     |      |                        |  |
| I wish to audit:    |      |                        |  |
|                     |      | Course Name and Number |  |
| Reason for request: |      |                        |  |
|                     |      |                        |  |
|                     |      |                        |  |
|                     |      |                        |  |
|                     |      |                        |  |
|                     |      |                        |  |
|                     |      |                        |  |
|                     |      |                        |  |
| ApprovedRejected    |      |                        |  |
|                     | Date | Course Instructor      |  |