

**AUDIT FORM**

---

Last Name,

First

Student Number

You must consult with and get the approval of your advisor and the instructor before electing the Audit option.  
I elect to take the following course on a Audit basis:

---

Dept Code	Course #	Section	Course Title	Term	20____ Year
-----------	----------	---------	--------------	------	----------------

---

Advisor's Signature

---

Instructor's Signature

**This form must be completed and submitted to the Office of the Registrar no later than the end of the add period.**

---

Date Submitted to the Registrar's Office

---

Received By