Audit Authorizaton

Name: _____ ID: _____

E-mail: _____ Phone: _____

> **The following course should be designated Audit (not for degree credit).**
>
> **Requires Instructor's permission.**

I plan to audit this course in the ☐ FALL ☐ SPRING of _____ (year).

Course Title: _____

CRN, Department, Course Number-Sect on: _____

Instructor's Name: _____

Inst ___   s*f*   _   _____   z