



## REQUEST TO AUDIT CLASSES

Semester (Check one semester and enter the academic year)

Summer 20\_\_\_\_\_

Fall 20\_\_\_\_\_

Spring 20\_\_\_\_\_

I, \_\_\_\_\_

understand that by requesting to audit a class that I will not receive a grade and I will not be able to change this request for credit in the future.

Signature \_\_\_\_\_

Student ID number

or

Last 4 digits of Social Security number \_\_\_\_\_

Date: \_\_\_\_\_

Registrar Signature \_\_\_\_\_

**A COPY OF THIS FORM WILL BE KEPT IN THE REGISTRAR'S OFFICE.**