

**AUDIT FORM**

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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:

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Dept Code Course # Section Course Title Term 20\_\_\_\_  
Year

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Advisor's Signature

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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.**

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Date Submitted to the Registrar's Office

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Received By

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