



*Office of the Registrar*

## Authorization to Audit

Student's Name: \_\_\_\_\_  
Last First Middle

Address Apt. City State Zip Code

Social Security Number \_\_\_\_\_ Telephone Number \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**INSTRUCTION TO THE STUDENT:** Upon approval by the Professor and Associate Dean of Academic Affairs, present this form to the Business Office with payment of \$20 registration fee plus the course fee (per credit). You will receive one receipted copy to present to the College of Law Registrar's Office. \*

**APPROVED:** \_\_\_\_\_  
Professor's Signature Date

**APPROVED:** \_\_\_\_\_  
Assistant Dean for Student Affairs' Signature Date

TERM	COURSE DEPT			COURSE #				SECTION		CR	COURSE TITLE	DAYS

**Your signature below attests that you have read and understand the following:**

*I understand that I will not be allowed to take examinations, will not receive credit, may not transfer from audit to credit status and that no refund of fees paid can be made.*

**STUDENT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**REGISTRAR'S OFFICE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**\* A COPY OF YOUR STATE BAR MEMBERSHIP CARD IS REQUIRED BEFORE APPROVAL TO AUDIT A COURSE.**