



Office of the Registrar

**Authorization to Audit
(STU Law Alumni)**

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 for \$20 registration fee. You will receive one receipted copy to present to the Law School Registrar's Office. Tuition will be waived for a maximum of two courses for St. Thomas University College of Law Alumni. Alumni are allowed to audit no more than two courses.

APPROVED: _____
Professor's Signature Date

APPROVED: _____
Associate Dean of Academic Affairs 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 registration fees paid can be made.

STUDENT'S SIGNATURE: _____ **DATE:** _____

REGISTRAR'S OFFICE SIGNATURE: _____ **DATE:** _____