

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, present this form to the Business Office with payment for \$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 WILL BE GRANTED.**