ST. THOMAS UNIVERSITY
College of Law

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 Assistant Dean for Student Affairs, present this form to the Business Office with payment for $20 registration fee. You will receive one receipted copy to present to the College of Law 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:_____
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 registration fees paid can be made.

STUDENT'S SIGNATURE: _____ DATE: _____

REGISTRAR'S OFFICE SIGNATURE: _____ DATE: _____