

## Audit Permission Form

\_\_\_\_\_  
Print Last Name          Print First Name

\_\_\_\_\_  
ID Number

\_\_\_\_\_  
Term

CRN	Subject	Course #	Section #

To Audit a course at this time, you must have permission of the instructor teaching the course. Please obtain the instructor's signature and return to the Office of the Registrar prior to the deadline printed in the registration guide. A \$50 Schedule Change Fee will be assessed if the transaction is processed after the last day to drop or add a course as printed in the Official Academic Calendar.

**Note: Failure to fulfill the professor's requirements of an auditor, including class attendance, may result in your withdrawal from the course.**

Student's Signature \_\_\_\_\_

\_\_\_\_\_  
Date

Instructor's Signature \_\_\_\_\_

\_\_\_\_\_  
Date