

## Audit Authorization

Name: \_\_\_\_\_ ID: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

The following course should be designated Audit (not for degree credit).

**Requires Instructor's permission.**

I plan to audit this course in the  FALL  SPRING of \_\_\_\_\_ (year).

Course Title: \_\_\_\_\_

CRN, Department, Course Number-Section: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_

**Instructor's Signature:** \_\_\_\_\_

**Your Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_