



Graduate School

PERMISSION TO AUDIT

Student ID Number: _____

Student Name: _____

Term/Year (e.g., Fall 16): _____

Subject	Course#	Section#	Course Title

I agree to comply with Graduate School regulations and instructor's special requirements, if applicable, with regard to auditing this class.

Signature of Student

Date

Graduate School regulations regarding audits: "With the instructor's permission, students are permitted to audit certain courses. Students who audit are expected to attend the course regularly. Students must be registered for regular courses in order to audit. Audits are listed on the student's transcript. Audits are limited to two per semester." A \$10 fee is charged for each course audited. The same deadlines for adding and dropping courses apply to audited courses.

I give the student named above permission to audit the class indicated. Special requirements, if any, are listed below.

Signature of Instructor

Date

Instructor's special requirements:

-----FOR GRADUATE SCHOOL USE ONLY – DO NOT WRITE BELOW THIS LINE-----

Date Processed

Approved By