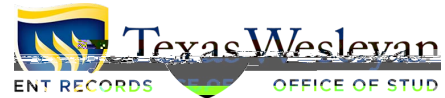


# AUDIT REQUEST FORM



U H J L V W U D U # W [ Z H V H G X

I. STUDENT INFORMATION / Student ID: \_\_\_\_\_ BDC 41.28 693.48 529.32 13.441 ref q 36 693.48 514.76 ref 3. q

† Fall                    † Winter  
† Spring

Session:    † I                    † III  
                 † II                   † Extended

III. COURSE INFORMATION			
Course Prefix (ENG)	Course Number (1301)	Section Number (01)	Instructor Name

## IV. REQUIRED SIGNATURE

I understand a fee will apply for this course. Additionally, this course will never be counted for college credit and an "AU" will appear on my transcript in lieu of a grade.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## V. APPROVAL SIGNATURE

Instructor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Enrollment into the course is processed when the completed form is submitted to the Office of Student Records.

For Office of Student Records Use Only  
Processed by: \_\_\_\_\_ Date: \_\_\_\_\_