Permission to Audit

Only students who wish to audit a course should use this form. Students may only change to or from an audit status through the end of the Drop/Add period.

Step 1: Please provide the following information:

Student Name: _____
   Last   *First*   *Middle*

Student ID Number: | S | 0 | 0 | 0 | | | | |

Are you a Scholarship Student? ☐ YES   ☐ NO

Step 2: Fill out the following information regarding the course you wish to audit:

Semester: ☐Fall   ☐Spring   ☐Summer   Year: | 2 | 0 | | |

Subject	Number	Section	Course Title

Disclaimer:

By signing this form I acknowledge that an audited course will <u>not</u> count toward any degree requirement. This form may not be revoked at any time.

_____   _____/_____/_____
Student Signature   Date

_____   _____
Instructor's Printed Name   Signature & Date

_____   _____
Department Chair's Printed Name   Signature & Date

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🖷 **Fax: + (965) 2571 5891**

Last Modified: September, 2012

RO USE ONLY:
Processed by: _____
                    (Initials)
Date: _____