



APPLICATION FOR AUDIT COURSE

PLEASE PRINT

PERSONAL INFORMATION		ACADEMIC INFORMATION					
LAST NAME		ID NUMBER					
FIRST NAME		COLLEGE					
MIDDLE NAME		COURSE					
CONTACT INFORMATION		UNITS STILL REMAINING		_____ Units			
ADDRESS		GRADUATING?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
AUDIT COURSE(S) APPLIED FOR							
TEL. NO.	()	COURSE	UNITS	SECTION			
MOBILE NO.	()						
EMAIL							
SIGNATURE OF STUDENT							
APPROVAL <small>(ACCOMPLISH IN SEQUENCE)</small>							
VICE DEAN		WHEN?	TERM S 1 2 3 AY _____				
		REASON FOR AUDIT COURSE(S)					
		1					
ASSOCIATE REGISTRAR		2					
TERMS AND CONDITIONS							
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>1. This form must be accomplished in triplicate (3 copies) and submitted to the Office of the University Registrar (Window 6 for undergraduate students; Window 3 for graduate students) when all necessary signatures have been completed. Application forms with incomplete signatures will not be accepted for processing. The sequence (as designated by the number in the small box) of signatures must be followed.</p> <p>2. The application for audit course(s) shall be deemed final and valid upon the signature of the Associate Registrar. Submission of the application form to the Office of the University Registrar</p> </div> <div style="width: 48%;"> <p>trar does not mean that the same is approved.</p> <p>3. It is therefore important for the student secure a copy of the approved application for audit class for future reference.</p> <p>4. Once this application is approved, the student understands and agrees that:</p> <p>4.1 the attendance to such audit class(es) is optional;</p> <p>4.2 no examination shall be given by the faculty member; and</p> <p>4.3 no course credit shall be earned.</p> </div> </div>							