Office of the
University Registrar

EN-11-201904

APPLICATION FOR AUDIT COURSE

PLEASE PRINT　　　　　　　　　　　　　　　　　　　Term / AY_____

PERSONAL INFORMATION		ACADEMIC INFORMATION	
LAST NAME		ID NUMBER	
FIRST NAME		COLLEGE	
MIDDLE NAME		COURSE	

AUDIT COURSE(S) APPLIED FOR			
COURSE	UNITS	SECTION	Class Number

REASON FOR AUDIT COURSE(S)

TERMS AND CONDITIONS

1. This form must be accomplished in triplicate (3 copies) and submitted to the Enrollment Services Hub 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.
2. The application for audit course(s) shall be deemed final and valid upon the signature of an authorized personnel from the Office of the University Registrar. Submission of the application form to the Enrollment Services Hub does not mean that the same is approved.
3. It is therefore important for the student to secure a copy of the approved application for audit class for future reference.
4. Once this application is approved, the student understands and agrees that:
    4.1 No Withdrawal/Dropping of Audit Class is allowed.
    4.2 the attendance to such audit class(es) is optional;
    4.3 no examination shall be given by the faculty member; and
    4.4 no course credit shall be earned.

STUDENT'S SIGNATURE OVER PRINTED NAME / DATE

APPROVAL
(ACCOMPLISH IN SEQUENCE)

ASSOCIATE DEAN	1	OFFICE OF THE UNIVERSITY REGISTRAR	2