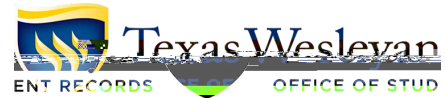


AUDIT REQUEST FORM



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

I. STUDENT INFORMATION / Student ID: <MCID 0 >> 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: _____