# Audit Card

_____ _____ ,
Name (First, Middle, Last) Student ID No.

request to have my course registration in _____ _____ _____
Dept Course Section

for the _____ semester 20_____ be converted to an AUDIT. I have read the AUDIT regulations in the UNIVERSITY BULLETIN. I understand that this conversion is irrevocable after I have affixed my signature below, obtained instructor approval, and submitted this card to the Office of the Registrar before the last day of Late Registration.

Student's Signature _____Date_____

Instructor's Signature _____ Date_____