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### Audit Card

\_\_\_\_\_  
Name-- (Please print)

\_\_\_\_\_  
Student ID

I request to have my course registration in:

| Department | Course | Section | CRN |
|------------|--------|---------|-----|
|            |        |         |     |

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 \_\_\_\_\_