Class Audit Request

Registration and Records

SID __________________________ Quarter __________________________ Year __________________________

Name __________________________________________
	Last
	First
	Middle

Item number ______ Course Title __________________________ Course number _______ Credit _______

Instructor name ______________________________________________________________________________

Instructions: This form must be completed and returned to the Registration and Records office by the tenth day of
the quarter. If the course is continuous enrollment or late starting, this form must be returned within ten days after
the student has registered. To audit a class means to participate without evaluation; students are required to pay the
same fees as for credit.

Student signature: __________________________ Date ______________

__________________________________________________________________________________________

OFFICE USE ONLY

Date received __________ Date entered __________ Initials __________

X:/StudentSrv/R&R/Minocommon/Forms/Registration/Audit Request

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