



REQUEST TO AUDIT A CLASS

AUDITOR INFORMATION

Request to audit a class for: Fall Spring Summer Year _____

Last Name First Name Middle Name

SSN Birth Date

Mailing Address: _____ Telephone Number(s): _____
Home: _____
Cell: _____
Business: _____

Email Address: _____

I am a law school graduate as indicated below:

Institution Degree Date Awarded

COURSE INFORMATION

Important: The deadline to enroll in a course as an auditor is the 10th day of the fall or spring semester, or the 5th day of the summer session. Auditors must comply with all posted payment deadlines.

Course to be Audited:

CRN Course Number Section Course Title Professor

I have completed any and all prerequisites for this course: _____
Auditor Signature Date

Professor Approval Date

Associate Director Approval Date

OFFICE USE ONLY

_____ Biographical data received/entered

_____ Course audit information entered

*Copy 1 – School of Law Records Office
Copy 2 – Graduate Programs Office
Copy 3 – Auditor*