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.
The cost to audit a course is $160.00 per credit (effective July 1, 2012).

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 _____

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

(09/2010)