



## COURSE AUDIT REQUEST FORM

An Audit course takes up a seat/space therefore Audit courses accumulate charges.

Student Name: \_\_\_\_\_ NTU ID# \_\_\_\_\_

Date submitted: \_\_\_\_\_

Course Number/Title	Credit Hours

Reason for Audit:

Approval:

\_\_\_\_\_  
Instructor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair or Dean of Undergraduate Studies

\_\_\_\_\_  
Date

Final decision concerning the audit of courses listed rests with the department concerned.

**OFFICE USE ONLY**

*Registrar Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

Xc: Financial Aid Office