



AUDIT REQUEST
ACADEMIC PROGRAMS OFFICE

STUDENT NAME: _____

ID#: _____

DATE: _____

COURSE(S) TO BE AUDITED:

<i>Course Number</i>	<i>Section</i>	<i>Course Title</i>	<i>Instructor</i>	<i>Credits</i>

SIGNATURES:

Student Signature: _____ **Date:** _____

Advisor Signature: _____ **Date:** _____

Instructor Signature: _____ **Date:** _____