



SCHOOL  
OF LAW

## AUDIT APPLICATION

Name \_\_\_\_\_ ID # \_\_\_\_\_

Address \_\_\_\_\_ Telephone: home \_\_\_\_\_  
\_\_\_\_\_ business: \_\_\_\_\_  
\_\_\_\_\_ cell: \_\_\_\_\_

Email: \_\_\_\_\_

Semester: \_\_\_\_\_ Fall 20\_\_\_\_ \_\_\_\_\_ Spring 20\_\_\_\_ \_\_\_\_\_ Summer 20\_\_\_\_

---

I am interested in auditing the following course(s):

<u>CRN</u>	<u>Name of Course</u>	<u>Professor</u>	<u>Prof. Signature</u>
_____	_____	_____	_____
_____	_____	_____	_____

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Current Students only (check if applicable) \_\_\_\_\_ I would like this course to appear on my transcript

Alumni only (check if applicable) \_\_\_\_\_ I would like to receive CLE credit

---

### OFFICE USE ONLY

Current Students:

Registration entered: \_\_\_\_\_ Date: \_\_\_\_\_  
(Initials)

Alumni

Approved by: \_\_\_\_\_ ( Representative of Alumni Relations Office)

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