AUDIT APPLICATION

Name _______________________________  X # _______________
Address ________________________________
                                      ________________________________
                                      ________________________________
                                      ________________________________
Email: ________________________________

STJ Law Student ☐  STJ Law Alumni ☐  Non-STJ Law Student/Alumni ☐
Specify ________________________________

Semester: _____ Fall 20___  _____ Spring 20____  _____ Summer 20____

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

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<th>CRN</th>
<th>Name of Course</th>
<th>Professor</th>
<th>Prof. Signature</th>
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Signature: ____________________________  Date: _____________

STJ Graduating seniors only (check if applicable)  ☐ I would like this course to appear on my transcript. (Regular attendance required.)

STJ Law Alumni only (check if applicable)  ☐ I would like to receive CLE credit

OFFICE USE ONLY

STJ Current Students:

Registration entered by: _______________  Date: _______________  (Initials)

STJ Law Alumni

Approved by: ________________________  (Representative of Alumni Relations Office)

Date: _______________

Non-STJ Law Student/Alumni

Approved by: ________________________  (Assistant/Associate Dean)

Date: _______________