

ST. JOHN'S UNIVERSITY SCHOOL OF LAW
Office of the Registrar

AUDIT APPLICATION

Name _____ X # _____
Address _____ Telephone: home _____
_____ business: _____
_____ cell: _____
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):

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

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: _____