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

AUDIT APPLICATION

Name: _______________________________ X # __________________
Telephone: Home ________________
Business: ________________________
Cell: _______________________
Email: ________________________________

SJU Law Student ☐ SJU Law Alumni ☐ Non-SJU 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: ______________

SJU Students in Final Year Only (check if applicable) ☐ I would like this course to appear on my transcript. (Regular attendance required.)

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

OFFICE USE ONLY

SJU Current Students:
Registration entered by: ________________ Date: ________________
(Initials)

SJU Law Alumni
Approved by: ____________________ (Representative of Alumni Relations Office)
Date: ______________________

Non-SJU Law Student/Alumni
Approved by: __________________ (Assistant/Associate Dean)
Date: ______________________

Updated: February 15, 2022