

**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\_\_\_\_

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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: \_\_\_\_\_

**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

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**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: \_\_\_\_\_