



Registration/Audit Form

Use this form if you are unable to register yourself in a course.

Student Name:	Student #:
Phone:	Email:
Program:	Date:

Course Section Add

Audit	Session	Term	Subject	Course #	Section	Credits	Instructor Name	Instructor Signature

Comments:

Approval

<i>Student's Program Coordinator Name:</i>	<i>Student's Program Coordinator Signature:</i>	<i>Date:</i>
<i>College of Graduate Studies Name:</i>	<i>College of Graduate Studies Signature:</i>	<i>Date:</i>