



REQUEST FOR AUDIT STATUS

STUDENT RECORDS OFFICE

This form is to be completed by the student and forwarded to the Student Records Office no later than the 14th day of the term.

Please Print or Type

Last Name First Name Student ID

CRN	Catalog Number	Section	Course Title	Credit Hours	Semester and Year Course will be taken

Student Signature _____ Date _____

Do not mark below this line. For administrative use only.

OFFICE USE ONLY:

Completed by _____ Date _____