



OFFICE OF ADMISSIONS  
PETITION TO AUDIT

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
I.D. Number

\_\_\_\_\_  
Course Title

\_\_\_\_\_  
CRN

\_\_\_\_\_/\_\_\_\_\_  
Instructor's Signature                      Date

\_\_\_\_\_/\_\_\_\_\_  
Division Dean's Signature                      Date

**FEE FOR AUDITING CLASSES IS \$15 PER UNIT**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Athletics (If applicable)

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OFFICE USE ONLY

Processed: \_\_\_\_\_ Not Processed: \_\_\_\_\_

Yellow-Student Copy    White-Admissions Copy



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