

OFFICE OF ADMISSIONS PETITION TO AUDIT

Student Name			I.D. Number		_
Course Title		CRN		-	_
Instructor's Signature	/	 .	Division Dean's Signature		Date
	FEE FOR AUDI	TING CLAS	SES IS \$15 PER UNIT		
Student's Signature		Date	Directo	or of Athletic	es (If applicable)
	=======================================	OFFICE USE (DNLY	=======	=======
Processed:	Not Processed:				
		Colle CE OF ADM FITION TO	MISSIONS		
Student Name			I.D. Number		-
Course Title			CRN		-
					<i>J</i>
Instructor Signature	Date		Division Dean Signa	ture	Date
	FEE FOR AUC	OITING CLASSI	ES IS \$15 PER UNIT		
Student's Signature		Date		Director of Athletics (If applicable)	
=======================================	=======================================	OFFICE USE O	 NLY	:=======	========

Processed: _____ Not Processed: ____

Yellow-Student Copy White-Admissions Copy