

COURSE AUDIT FORM

This form must have your course departmental chairperson's signature and must be completed correctly or it will not be processed.

BANNER ID NUMBER - @ _____

_____ Last Name _____ First Name _____ MI _____

_____ College _____ Major _____

_____ Department _____ Course Number _____ Section _____

_____ Semester _____ Student's Signature _____ Date _____

_____ Chairperson's Signature _____ Date _____

CLASS
<input type="checkbox"/> Freshman
<input type="checkbox"/> Sophomore
<input type="checkbox"/> Junior
<input type="checkbox"/> Senior
<input type="checkbox"/> Graduate

White Copy 1 - Scheduling Center
Yellow Copy 2 - Department
Pink Copy 3 - Student Copy

(Please return White-Copy1 of this completed form to the Registrar's Office/Clark Hall Lobby before the end of the Drop/Add period)