



Course Audit Request

Name _____ Date _____

Address _____ Phone _____

Email _____

NOTE TO APPLICANT: This form must be completed and returned to the Office of the Registrar with the approval signatures and receipt from the business office indicating payment of a \$25.00 audit fee and applicable laboratory fees.

Request permission to audit undergraduate/graduate course work at Texas A&M University - Central Texas

TERM/SEMESTER: _____ YEAR: _____

Course Number: _____ Section: _____ Title of Course: _____

Auditing is permitted only on the basis of available space; appropriateness of participation in the class activity and is subject to approval by the instructor.

Instructors Signature: _____ Approve _____ Disapprove _____

I understand the extent of my participation in the class is at the discretion of the instructor. I further understand that if I audit this section that I will not receive degree credit for this content and that I **will not be eligible for Credit Testing** in this content area at Texas A&M University - Central Texas.

Applicant's Signature: _____ Date: _____

Fee Receipt No.: _____

Please Return to: Office of the Registrar Killeen, TX 76549 (254) 519-5452

Processed by/Date: _____