

U Central

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AUDITP



Class Audit Permit

Student Name: _____
(Please print current name on file)

ID #: _____
(If you do not have an ID#, please provide Driver's License # / State)

Student Signature: _____

Term / Year: _____

Course to be audited:

_____	_____	_____
<i>Subject</i>	<i>Course Number</i>	<i>Section</i>
_____	_____	
<i>Instructor's Signature</i>	<i>Date</i>	

Receipt No:

Date:

PLEASE PAY **\$50** FEE WITH BURSAR'S OFFICE
AUDIT FEE IS NOT REFUNDABLE

RETURN COMPLETED FORM AND PROOF OF PAYMENT TO U CENTRAL