



## Course Audit Request

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ ID \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

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

Instructor's 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.: \_\_\_\_\_

Processed by/Date: \_\_\_\_\_

Please return to: Founder's Hall 108 or Fax: 254-519-5486 or Email: [records@tamuct.edu](mailto:records@tamuct.edu)

Registrar's Office | 1001 Leadership Place | Killeen, TX 76549 | (254) 501-5857