

Request to Audit Course Work
TARLETON STATE UNIVERSITY
Department of Educational Leadership and Policy Studies

Date: _____ UID: _____

Full Name: _____
(Last name, first name, middle initial)

Date of Birth: _____ Home Telephone Number: _____

Work Telephone Number: _____ Cell Number: _____
(include area code in telephone numbers)

Have you resided in the State of Texas continuously (exclusive of vacation travel) for the past 12 months? _____ Yes _____ No

I request that I be permitted to audit graduate course work at Tarleton State University for the following semester and year: _____

This request is for the following course and section:

Course Number: _____ Title of Course: _____

Section: _____ Location: _____ Day/Time: _____

Auditing is permitted only on the basis of available space, appropriateness of participation in the class activity, and is subject to approval by both the Instructor and Department Head.

Please keep a copy of this form for your records.

NOTE TO APPLICANT: This form must be completed and returned to the College of Graduate Studies/Registrar with the approval signatures and a receipt from the University Fiscal Office indicating payment of a \$25.00 audit fee.

Action: _____
Instructor Signature

Action: _____
Department Head Signature

Applicant should read the following and acknowledge that the content is understood and accepted prior to auditing a course: I understand that 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 do NOT register for this course, I will not receive degree credit for this content.

Applicant Signature: _____

Fee Receipt Number: _____

THIS FORM MUST BE RETURNED TO THE COLLEGE OF GRADUATE STUDIES AND OFFICE OF THE REGISTRAR.