

**Request to Audit Course Work**  
**TARLETON STATE UNIVERSITY**  
**Department of Educational Leadership and Technology**

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

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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.**