

**Tarleton State University
REQUEST TO AUDIT COURSE WORK**

TODAY'S DATE: _____

UID or SSN: _____

NAME IN FULL: _____
Last Name First Name M.I.

DATE OF BIRTH: _____

PHONE NUMBER: (home) _____ (work) _____

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 a course at Tarleton State University for the:
Semester: _____ Year: _____

This request is for the following course and section:
Course Number: _____ Section: _____ Title of Course: _____
Class/Lecture Room: _____ Class/Lecture Day and Time: _____
Lab Room: _____ Lab Day and 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 for your records. For use of Labs, you will need to present this to the lab assistant if you do not have a TSU student ID card.

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

APPROVED: _____ **DISAPPROVED:** _____

INSTRUCTOR'S SIGNATURE: _____

DEPT. 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, and that I will not be eligible for Credit Testing in this content area at Tarleton State University.

Applicant's Signature: _____

Fee Receipt No.: _____

THIS FORM MUST BE RETURNED TO THE OFFICE OF THE REGISTRAR