



AUDIT PERMISSION/REGISTRATION FORM

Component in which you wish to audit a course:

COM
 BCD
 SRPH
 IBT
 GSBS
 COP
 CON

NAME: _____

ADDRESS: _____

CITY: _____ **STATE** _____ **ZIP:** _____

PHONE: _____ **E-MAIL:** _____

CRN RUBRIC & NUMBER	COURSE TITLE	DAY/TIME

FALL
 SPRING
 SUMMER I
 SUMMER II
 SUMMER 10-WEEK
 200_____

Return this form to the component where you are auditing the course(s). The TAMUS-HSC reserves the right to cancel classes for underenrollment.

Signatures:

Student: _____ Date: _____

Course Director
(COM, BCD): _____ Date: _____

Department Head: _____ Date: _____

Associate Dean for Academic Affairs: _____ Date: _____

For Office Use Only:

Approved: _____

Removed from 001: _____

Date: _____

With few exceptions, state law gives you the right to request, receive, review and correct information about yourself collected on this form.