

ANDREWS UNIVERSITY AFFILIATION & EXTENSION CAMPUS
UNIVERSITY OF THE SOUTHERN CARIBBEAN

APPLICATION TO AUDIT A COURSE

NAME OF STUDENT: _____ USC ID: _____

DATE OF REQUEST: _____

SEMESTER _____ SCHOOL YEAR _____

COURSE YOU DESIRE TO AUDIT:

_____	_____	_____
Course Number	Course Title	Credits

Please secure the approval of the lecturer and return this form to the Academic Dean.

Please note that the fee for audit and credit is the same.

APPROVAL OF LECTURER: My signature below verifies that I have approved the above application

SIGNATURE OF LECTURER

APPROVAL OF ADVISOR: My signature below verifies that I have approved the above application

SIGNATURE OF ADVISOR

APPROVAL OF DEAN:

SIGNATURE OF DEAN

BUSINESS OFFICE:

SIGNATURE OF CASHIER VERIFYING THAT FEES
WERE PAID

Please return the completed form to the Registrar's Office