

## ALUMNI AUDIT ELECTIVE COURSES ONLY

- Complete and submit form to <a href="mailto:lawregistrar@udmercy.edu">lawregistrar@udmercy.edu</a>
- Processing requires 2 business days
- Form deadline: before classes begin each Term
- Auditing is allowed based on space availability and faculty approval

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Name			Student ID Number		
Addres	SS				
City		State	Zip	Phone Nun	nber
Email		Birthdate	Birthdate Detroit Mercy		cy Law Grad Date
Term:	□ Fall □ Winter □ Summer	Year: 20			
Course	e(s) Requested (	up to two per term):			
CRN	Title		Professor		Credits
CRN	Title		Professor		Credits
Parkinç If yes fo	g: Yes or student parking	_ No g, please contact the S	Student Service	e Center at (313) 5	596-0200 for details.
Signature (required for processing)			Date		
For office	ce use only				
Approve	ed by:	D:	ate:		
Denied h	enied by:		Date: Alum Notified: □ Yes		Jotified: □ Yes □ No