



EDUCATING THE COMPLETE LAWYER

**ALUMNI AUDIT
ELECTIVE COURSES ONLY**

- Complete and submit form to lawregistrar@udmercy.edu
- Handwritten signature (not electronic) is required for processing
- Processing requires 2 business days
- **Deadline:** before classes begin each Term
- Auditing is allowed based on space availability and faculty approval

Name **T**
Student ID Number

Address

City **State** **Zip** **Phone Number**

Email **Birthdate** **Detroit Mercy Law Grad Date**

Term Requested: Fall **Year: 20** _____
 Winter
 Summer

Course(s) Requested (up to two per Term):

CRN	Title	Professor	Credits
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Parking: Yes _____ No _____
 If yes for student parking, please contact the Student Service Center at (313) 596-0200 for details.

Signature (must be handwritten) **Date**

For office use only

Approved by: _____ Date: _____

Denied by: _____ Date: _____ Alum Notified: Yes No