

STUDENT AUDIT REGISTRATION 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

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|---------------------|--------------------------|-------------|---------------------------------|------------------------------|
| Student Name Email | | | Student ID Number Phone Number | |
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| Term Requested: | □ Fall □ Winter □ Summer | Year: 20 | | |
| Course Requested | d: | | | |
| CRN Title | , | | Professor | Credits |
| Student Signature | e (must be har | ndwritten) | Date | |
| Instructor Signatu | ıre (must be h | andwritten) | Date | |
| For office use only | | | | |
| Approved by: | | Date | | |
| Denied by: | | Date: | | Student Notified: Yes No |