

## **COURSE AUDIT APPLICATION- COLLEGE OF IDAHO STAFF**

Full-time staff of The College of Idaho may audit up to two courses per academic year at no cost, provided space is available and they receive the instructor's permission. Staff members interested in auditing classes should complete this application form and return it to the Registrar's Office. All other conditions that apply for enrolled students apply for C of I staff and graduates.

Name:					ID#:			
Graduation Year: M			lajor: Pl		Phone Number:			
REQUESTED COURSE								
Semester:	Fall 20	)	Winter 20	Spring 20	Sum	mer 20		
Subject	Course #	Section		Title	Credits	Instructor		
ENG	299	01	L	Example	3	Dr. Coyote		

Please explain why you are interested in taking this course:

Describe how you have fulfilled the prerequisites if applicable:

## To be completed by Instructor of Course

Instructor Signature:

Name:	Signature:	Date:
Print Please		
Instructor's requirements/	comments for participation:	
Requirements:		
Attend Class regu	larly	
Complete required	d reading	
Complete assigne	d work	

**Instructor Comments:** 

Other