

COURSE AUDIT APPLICATION- COLLEGE OF IDAHO Student

Students who audit courses are responsible for all extra fees.

Name: _____ ID#: _____

Graduation Year: _____ Major: _____ Phone Number: _____

REQUESTED COURSE

Semester: Fall 20____ Winter 20____ Spring 20____ Summer 20____

Subject	Course #	Section	Title	Credits	Instructor
ENG	299	01	Example	3	Dr. Coyote

Please explain why you are interested in taking this course:

Describe how you have fulfilled the prerequisites if applicable:

I understand that I will earn no credit for this course and the course will be noted on my transcript with an AU grade. I understand that I am responsible for all charges when I choose to audit a course.

Signature: _____ Date: _____

To be completed by Instructor of Course

Instructor Signature:

Name: _____ Signature: _____ Date: _____
Print Please

Instructor's requirements/comments for participation:

Requirements:

- Attend Class regularly
- Complete required reading
- Complete assigned work
- Other

Instructor Comments: