

AUDIT APPLICATION RMRGEARC

Office of the Registrar 901 12th Avenue,

P.O. Box 222000 Seattle, WA 98122-1090

(206) 220-8030; Fax: (206) 296-2443 Email: registrar@seattleu.edu

Instructions: Take this form to the instructor and department chair to request permission to sit in on the course. A request does not guarantee approval; admission to courses is on a space-available basis. Graduate courses (numbered 5000 and above), special topic and labs, and courses with "arranged" times and places, are usually not available for audit. This form is due by the first week of each quarter.

☐ Elder Audit Fee: There is a \$35.00 for Office. The office is located in Vi Hilb			submission of t	this form to the Registra	ır's
Alumni Audit Fee: There is a \$55.00 Alumni Office. The office is located in Avenue.					
Community Member Audit: Availabe Arts building, room 202. There is a \$5 Registrar's office. The office is located	5.00 fee per class, whi	ch is paid by check	upon submissi		e
Name:	Former Names:				
Address:			_ City:		
State:	Zip Code:	Email:	<u> </u>		
Phone:	Date of Birth:	SSN/S	Seattle U ID:		
To be taken: (Fill in year) Fall:	Winter:	Spring:	:	Summer:	
Signature:					
Date: I WISH TO AUDIT THE FOI	LOWING				
COURSE(S): Course Subject, Number (e.g., ACCT 2300 - 01)	Course Title (e.g., Principles of Accounting)				
		(1.8., 1	<u> </u>		
Approved:					
Instructor		Date			
			Payment Recei	ved:	
			Processed by:		
			Elder or Alum	nni:	
			Seattle U ID:		