Texas Woman's University Office of the Registrar

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## **Course Audit Approval**

STUDENT ID:	NAME (PRINT):		,		
	LAST		FIRST	MI	
Phone number:	TWU E-mail:				
Course Information:					
Course Prefix:	Course #:	Section #	:		
Days and times of course	e meeting:			_	
<ul> <li>the chair of the department</li> <li>Persons au for credit</li> <li>The audito activity contactivity contactivity</li> <li>Attendance</li> </ul>	rse must be obtained beginning went which offers the course, the desiditing a course will be charged at our may not participate in the laboraurse.  The as an auditor may not be made courses are not recorded on the stur	ean of the school or co the same tuition and a atory part of a course on the basis of a claim	ollege, and the Regist applicable fee rate as or in a studio, practic for course credit.	trar's Office. s those enrolled	
	d to the Office of the Registrar price the Registrar, I understand that the			een received and	
	lls (Instructor, Chair, Dean) must b d confirmation noted by the Bursa	• • •			
Student signature:		Date:		_	
Approval:					
Instructor signature:		Date:		-	
Chair signature:		Date:		_	
Dean signature:		Date:		_	
Registrar's office:		Date:		_	
Payment c	onfirmation from Bursar's Office				