COURSE AUDIT FORM

Student ID Number _____

Program_____ Semester/Year _____

Last Name _____ First Name _____

Course # _____

Instructor Signature _____

Student Signature _____

Student will be charged an audit fee of $50 per course plus any additional lab fees to cover costs of materials used during the class. Fees will be added to the student's Mitchell Tech account. Please pay in the Business Office.

_____

For Office Use Only:

Business Office Signature_____ Date _____

Registrar Signature _____ Date _____