

ELDER AUDIT APPLICATION

Office of the Registrar & Operations 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 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 500 and above), special topic and labs, and courses with "arranged" times and places, are not open to the elder audit program. After the instructor signs the form, proceed to the department chairperson for his/her signature. Also, please obtain the signature from the Student Health Center, Bellarmine RM 108. Return the completed form with the fee to the Office of the Registrar & Operations in the University Services Building, RM 103.

Name:				Day Phone:			
Address:							
City:		Sta	nte:	Zip Cod	le:		
➤ Signature:						_ Date:	
[]	SUMMER	year	_ [] FALL	year		
[]	WINTER	year	[] SPRING	year		
I WISH TO A	UDIT THE FO	LLOWING CO	OURSE(S):				
Course Subje (e.g.	ect, Number & ., ENGL 110 - 01)		Course Title (e.g., Freshman English)				
							
► Approved:	Instructor				Date		
	Department	Chairperson			Date		
enrolled in ur Measles, Mur the Hepatitis	ndergraduate omps and Rube B series. Proc	courses to prov lla (MMR), a T	vide docum Fetanus boo n must be p	entation that ester in the la	they have hast 10 years,	dents/staff/fac ad two doses o and the three dealth Center a	of the doses of
Student Hea	Ith Center Off	cial			Date		

FEE: \$35.00 per class to be paid upon submission of approved form to the Office of the Registrar & Operations.

NOTE: There will be no record kept, no grade issued, no transcript produced for this program.