

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 fee Office. The office is located in Vi Hilb			sion of this form to	the Registrar's
Alumni Audit Fee: There is a \$55.00 Alumni Office. The office is located in Avenue.				
Community Member Audit: Availab Arts building, room 202. There is a \$5: Registrar's office. The office is located	5.00 fee per class, which	h is paid by check upon so	ubmission of this fo	
Name:	Former Names:			
Address:	City:			
State:	Zip Code:	Email:		
Phone:	Date of Birth:	SSN/Seattle U ID:		
To be taken: (Fill in year) Fall:	Winter:_	Spring:	Summer	·:
Signature:	er & Section	Course Title (e.g., Principles of Accounting) Date		
		Date:_ Proces Elder	ent Received: ssed by: or Alumni:	