

**WAKE FOREST UNIVERSITY
Application to Audit**

Name _____ ID# _____ Date of Birth ____/____/____
 Address _____ Telephone (____)_____
 (street, city, state, zip)

I would like to audit the following course(s) during the (circle one) **FALL** **SPRING** **SUMMER 1** **SUMMER 2** term of the academic year 20____. I understand that my being accepted into the course(s) is subject to the availability of space after all regular students have been enrolled.

Dept.	Crse. #	CRN	# Hrs	Course Title	Days & Time	Approval of Instructor	Date
_____	_____	_____	_____	_____	_____	_____	____/____/____
_____	_____	_____	_____	_____	_____	_____	____/____/____
_____	_____	_____	_____	_____	_____	_____	____/____/____
_____	_____	_____	_____	_____	_____	_____	____/____/____

PAYMENT OF AUDITING FEE TO FINANCIAL & ACCOUNTING SERVICES (107 Reynolda Hall) _____
 Receipt/ FAS Signature

PARKING MANAGEMENT (Univ. Services Bldg.) _____
 PM Signature

FOR STAFF/FACULTY: REQUEST AND COMPLETE HUMAN RESOURCES' FORM FOR TUITION CONCESSION/EMPLOYEE EDUCATION ASSISTANCE (Univ. Services Bldg.) _____
 HR Signature

DATE _____ SIGNATURE OF APPLICANT: _____

PLEASE RETURN COMPLETED FORM TO REGISTRAR'S OFFICE (110 REYNOLDA HALL)