



REQUEST TO AUDIT

Student's Name: _____

Student's ID: _____

Address: _____

Phone number: _____

Have you ever attended Texas Wesleyan University?

No _____ Yes _____ If yes when? _____

Course Prefix-Course Number-Section Number: _____

Semester / Year: _____

Instructor's Name: _____

Instructor's Signature: _____

Date: _____

AN AUDIT FEE APPLIES.

*It is understood that this course will never be counted for college credit
and an "AU" will appear on the transcript in lieu of a grade.*