

STOCKTON UNIVERSITY

OFFICE OF THE REGISTRAR

101 Vera King Farris Drive, CC-203, Galloway, NJ 08205-9441
609-652-4235 (Phone) 609-626-5547 (Fax) registrar@stockton.edu

PERMISSION TO AUDIT COURSE

INSTRUCTIONS:

A student/member of the public may audit a course and receive a grade of "AU" and no academic credit on the transcript. The student is required to pay all tuition and fees normally charged. Complete and submit this form to the Registrar's Office with proof of payment (from the Bursar's Office) before the end of the drop/add period for the term as noted on the academic calendar.

STUDENT ID NO: _____
(Z number, if known)

NAME: _____
LAST FIRST MI

DATE OF BIRTH: ____/____/____

EMAIL: _____

PHONE: _____

COURSE INFORMATION:

TERM/YEAR: _____ COURSES TITLE: _____

COURSE NAME AND NUMBER: _____ - _____ CRN: _____
(EXAMPLE: GAH 2215 001) (EXAMPLE: 80127)

INSTRUCTOR SIGNATURE: _____ DATE: _____

STUDENT SIGNATURE: _____ DATE: _____