

NEW MEXICO TECH – Audit Form

Name _____ ID# _____ Semester _____ 20____
(Last) (First)

Email Address _____

I wish to **audit** the following

<u>Course Ref. Num.</u>	<u>Dept. Name & Course #</u>	<u>Section</u>	<u>Sem. Hrs.</u>
_____	_____	_____	_____

Signatures are required.

Student _____

(Date)

Instructor _____

(Date)

Advisor _____

(Date)

Financial Aid _____

(Date)

Graduate Office _____

(Graduate Students Only)

(Date)

International Office _____

(International Students Only)

(Date)