

**Permission Form to Take a
Course for Audit or Pass-Fail**

(Must be turned in to the Registrar's Office,
Houchens, room 31)

Complete this form and obtain all signatures required by your enrollment school and the school offering the course.
Turn in this form to the Registrar's Office, Houchens 31, by the deadlines listed in the Course Schedule.

NAME: _____ STUDENT ID NUMBER: |_|_|_|_|_|_|_|_|_|_|

TERM |_|_|_|_| {First two digits is year and third field is for term – U for Summer F for Fall S for Spring} TELEPHONE NUMBER ____-____-____

CLASS NUMBER	SUBJECT	COURSE NUMBER	SECTION NUMBER	CHECK HERE FOR AUDIT	CHECK HERE FOR PASS/FAIL	INSTRUCTOR'S SIGNATURE (If required)
_ _ _ _ _	_ _ _ _ _	_ _ _ _	_ _	_	_	_____
_ _ _ _ _	_ _ _ _ _	_ _ _ _	_ _	_	_	_____
_ _ _ _ _	_ _ _ _ _	_ _ _ _	_ _	_	_	_____
_ _ _ _ _	_ _ _ _ _	_ _ _ _	_ _	_	_	_____

Advisor's signature (if required) Dean's signature (if required) Student's signature