CUNY SCHOOL OF PUBLIC HEALTH

A Graduate School of Public Health & Health Policy

Course Audit Request Form

Please fill out and forward the comple	ed form to the Offic	ce of the Regist	rar 				
udent Name: Last		First				M.I.	
ldress:							
Number and Street		City		State	Zip Code		
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Student's Signatur	e		-			/	
		Departme	ent Chair				
Approved □ Denied:							
		Comm	nent if Denied				
partment Chair (Print Name)		Signature				Date	
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****This fo	rm will not be proces	For Registrar's (nt Chair's sig	nature****	
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