

Course Audit Request Form

** Please fill out and forward the completed form to the Office of the Registrar*

Student Name: _____
Last First M.I.

Address: _____
Number and Street Apt. # City State Zip Code

Status at SPH: Graduate Doctoral (_____) _____
Phone Number

CUNY First Empl ID: _____ ID#: ____/____/____

Email Address: _____

Course Information that you wish to *Audit*:

Semester Course Prefix, Number and Section Credits

Department Course Title

Reason for auditing this course: _____

Student's Signature _____ / ____/____
Date

Department Chair

Approved Denied: _____
Comment if Denied

Department Chair (Print Name) Signature Date

******This form will not be processed without the student's and Department Chair's signature******

For Registrar's Office Use Only

Processed by Print Name Signature Date