

AUDIT REQUEST FORM



OFFICE OF STUDENT RECORDS

registrar@txwes.edu

I. STUDENT INFORMATION

Student Name: _____

Student ID: _____

Address: _____
Street City State Zip

Phone: _____

Have you ever attended Texas Wesleyan University?

Yes No

II. SEMESTER INFORMATION

Year: _____

Semester: Summer May
 Fall Winter
 Spring

Session: I III
 II Extended

III. COURSE INFORMATION

Course Prefix (ENG)	Course Number (1301)	Section Number (01)	Instructor Name

IV. REQUIRED SIGNATURE

I understand a fee will apply for this course. Additionally, this course will never be counted for college credit and an "AU" will appear on my transcript in lieu of a grade.

Student Signature: _____

Date: _____

V. APPROVAL SIGNATURE

Instructor Signature: _____

Date: _____

Enrollment into the course is processed when the completed form is submitted to the Office of Student Records.

For Office of Student Records Use Only

Processed by: _____ Date: _____