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Office of the Registrar

Stoke Hall, 11 Garrison Avenue, Durham, NH 03824

V: 603.862.1500

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www.unh.edu/registrar

Audit Course Form

STUDENT I.D. NUMBER 9 digits

Choose one:

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LAST NAME

FIRST NAME

MI

Local Phone _____

Email _____

**TSAS (Thompson School)
Student** (associate degree)

Graduate Student
(degree)*

Undergraduate Student
(bachelor degree)

**Early Admit/
Graduate School**

**Continuing Education
Student** (non-degree)*

*Advisor signature
NOT required.

Course Ref No (CRN)	Department	Course No	Section No	# of credits	Instructor's Signature	Date
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	_____	_____
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	_____	_____
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	_____	_____

Audit privileges are granted at the discretion of individual instructors.

More information about auditing courses at:
www.unh.edu/registrar/registration-courses/audit.html

Advisor's Signature

Date

Student's Signature

Date

For Office use Only:

Banner _____ Date _____