

The University of Alabama at Birmingham
 The Graduate School
 G03 Lister Hill Library
 1700 University Boulevard
 Birmingham, AL 35294-0013

PERMISSION TO AUDIT GRADUATE LEVEL COURSEWORK*

Identifying Information

First Name	Middle Initial	Last Name
Blazer ID	Phone Number	
Address (Street, City, Zip)		

Course Information

I wish to enroll in the following course(s) for no-credit (Audit) for the _____ term during _____ year. I understand this course(s) cannot be counted toward hours required for full-time status/degree requirements. Furthermore, I understand that enrollment in audited courses requires payment of full tuition and fees.

Students' Signature _____
Date

Call Number	Course and Section Number	Course Title	Hours	Instructor's Signature
1.				
2.				
3.				

Approvals

I recommend that this student be allowed to take the course(s) specified above.

Advisor Signature _____
Date

Graduate Program Director Signature _____
Date

Chair (Dept. of Audited Course) Signature _____
Date

I approve the above request.

I do not approve the above request.

Graduate School Director _____
Date

****This approval must be secured prior to registration.***