

St. Mary's College  
of Maryland  
at Historic St. Mary's City

REQUEST FOR AUDIT GRADING

NAME: \_\_\_\_\_ ID# \_\_\_\_\_ DATE: \_\_\_\_\_

COURSE TITLE: \_\_\_\_\_

COURSE NUMBER: \_\_\_\_\_ SECTION NUMBER: \_\_\_\_\_

COURSE INSTRUCTOR: \_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Instructor's Signature

PLEASE NOTE: SUBMISSION OF THIS FORM DOES NOT CONSTITUTE REGISTRATION FOR THIS COURSE. THE PROPER REGISTRATION OR ADD PROCEDURE MUST BE FOLLOWED IN ORDER FOR THIS COURSE TO APPEAR ON YOUR OFFICIAL RECORD.