

## 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.**