RRAUD



COURSE AUDIT REQUEST UNDERGRADUATE LEVEL

Loyola University Chicago, Registration and Records 820 N. Michigan STE 504, Chicago, Illinois 60611 (ph) 312-915-7221 ~ (fax) 312-915-6452 www.luc.edu/regrec

This form must be given to the student's dean for submission to the Office of Registration & Records. This request will be processed only if it comes directly from the student's dean.

Student's Name*:						Today's Date:			
LUC Student ID #*:					Student's email:			@luc.edu	
		ignature: The stud f the rules governi				nd ID# above	has "signed" this	form and is	
Academic Career (School):					Program:				
TERM:	Fall	Winter	Spring	Summe	r YI	EAR taken:	(or 4 numeral term code)	
Course '	Title:								
			Subject.	Course Number	Section Number	Term Hours			
		Example:	ACCT	201	002	3			
Comme		Al	UDITING	UNDERGE	RADUAT	E COURSE	e additional info		
1. 2. 3. 4. 5. 6.	With the De and pay the Class attend of "W" is as Assignment participate it A course that A course that A course may be a cour	ean's approval, stapplicable tuition ance is required signed for failures, including examenclass discussion is audited does at is audited is not approved to the substance of th	tudents winn. If the mark to attend minations and count to consider ted from a	shing to take of "AU" is I class without and term pay t as hours at red in detern graded basi	e a course entered fo out proper pers are n tempted. nining a s is to an au	e without recor successfuly dropping to required, student's full adit after the	ceiving credit ma l completion of to but auditors hav l-time or part-tim	y audit the course he course, the mark	
Dean's	Approval. P	lease make certa	in that all	requested in	formatio	n has been s	upplied.		
Dean's Name/Signature					Date:				
Subr	mit this form	by clicking here:	Audit@lı	ıc.edu.	Enter the	e student's r	name and LUC II	O on Subject line	