

Request for Permission to Audit Course

Name:			
Program:			Term:
Student Number:		Telephone Number:	
I have read the <i>Course Aud</i> course(s):	<i>lit Regulation</i> and wish to	Audit the foll	owing Marine Institute
Course Name:		Course Number:	
Course Name:		Course Number:	
Student Signature			Date
FOR OFFICE USE ONLY			
	Approved \sqcap		
Application Status:		Denied	
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REGrev. Oct. 29, 2007 Access to the Information and Protection of Privacy: The information on this form is collected under the authority of the Memorial University Act (RSNL 1990 Chapter M-7) and is needed for and will be used to update your student record. If you have any questions about the collection and use of this information, contact the Office of the Registrar at miregistrar@mi.mun.ca.