



Office of the Registrar

Audit Course Form

STUDENT INFORMATION

First name _____ Last name _____

Student ID _____ NU School _____

Major _____ Year of study (1-2) _____

COURSE INFORMATION

Semester: Fall20__ Spring20__ Summer20__

Course Abbr _____ Title _____

Lecture (L) Section _____ Instructor's Signature _____

Lab (Lb) Section _____ Instructor's Signature _____

Tutorial (T) Section _____ Instructor's Signature _____

Recitation (R) Section _____ Instructor's Signature _____

_____ Section _____ Instructor's Signature _____

Student _____ date _____

Instructor _____ date _____

Dep. Chair of the course/Vice Dean for Academic Affairs _____ date _____

*Please make sure not to leave blank fields. It will prevent from proceeding your form.
*All forms should be submitted to the School Office of the course.

School administrator use only
Processed by: _____ Date: _____