NAZARBAYEV UNIVERSITY

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:

revised August 31, 2016