



REQUEST TO AUDIT

Student's Name _____

Student's ID# _____

Address _____

Phone # _____

Have you ever attended Texas Wesleyan University?

No _____ Yes _____ When? _____

Course to be audited _____

Semester & Year _____

Instructor's Name _____

Instructor's Signature _____

Date _____

It is understood that this course may never be counted for college credit and will not appear on an academic record.