NEW MEXICO TECH – Audit Form

Name_____ _____**ID#**_____ **Semester**_____ **20**__
             (Last)   *(First)*

Email Address_____

*I wish to **audit** the following:*

Course Ref. Num.	Dept. Name & Course #	Section	Sem. Hrs.
_____	_____	_____	_____

All Signatures are required. (NO APINS)

Student_____ _____
                                                               (Date)

Instructor_____ _____
                                                               (Date)

Advisor_____ _____
                                                               (Date)

Financial Aid_____ _____
                     (Required for **ALL** Students)   *(Date)*

Graduate Office_____ _____
                        (Graduate Students Only)   *(Date)*

Revised: 04/2012