

PERMIT TO AUDIT
Missouri Southern State University

_____ S ID# _____ has requested to AUDIT
(Student)
Course _____ CRN _____ Phone _____
for the [] **Fall** _____ [] **Spring** _____ [] **Summer** _____ semester.
Instructor: _____ [] Approved [] Not Approved
Dept Chair: _____ [] Approved [] Not Approved
Student Signature: _____ Date _____

Upon course audit approval by the department chair and being enrolled in the course, please forward the form to the Registrar's Office, 101 Hearnese Hall.

THIS FORM WILL BE MADE AVAILABLE IN ALTERNATIVE FORMATS UPON REQUEST. IF YOU NEED ASSISTANCE, PLEASE CALL 417-625-9514.

Revised 2/13

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