

AUDIT/TIME CONFLICT PERMISSION FORM

M# : _____

NAME : _____

TERM : _____

Last

First

Ex: Fall 2010

5 DIGIT CRN	COURSE PREFIX	COURSE NUMBER	COURSE SECTION	COURSE CREDIT HOURS	TIME CONFLICT *	AUDIT **	INSTRUCTOR'S SIGNATURE & DATE	DEPARTMENT'S STAMP/SIGNATURE & DATE

TIME CONFLICT CANNOT EXCEED 15 MINUTES.

** ATTENDANCE IS REQUIRED TO AUDIT A COURSE. FAILURE TO DO SO CAN RESULT IN FAILURE OF THE COURSE.**

REGISTRATION OFFICE DATE AND INITIALS _____