**Student information:**
- Name
- MSU ID #
- Phone
- Email

**Course information:**

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<tr>
<th>Dept &amp; Course #</th>
<th>Class #</th>
<th>Course Title</th>
<th>Credits</th>
<th>Term</th>
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**NOTE:** Please do not attend class until you have been notified by the Center for Extended Learning that instructor permission has been given.

I understand that I will be allowed to audit this/these course(s) on a space available basis and at the discretion of the instructor. Course-related fees, such as lab or materials fees, are my responsibility. No credit is awarded for this/these course(s).

Signature of Student: ___________________________ Date: ________________

Return form to Jennifer Beneke, Center for Extended Learning, Administration Building 366B

Contact Jennifer Beneke at 701-858-3990 or jennifer.beneke@minotstateu.edu with any questions.

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**FOR MINOT STATE UNIVERSITY’S USE ONLY**

Eligibility Verified (indicate means) ____________________________ Date: ________________

Application Received by Admissions Office Date: ________________

Application Fee Received Date: ________________

Instructor Approval Obtained Date: ________________

Student Enrolled in Course(s) Date: ________________

Confirmation sent to Student Date: ________________

Confirmation to Instructor Date: ________________

Copy to Business Office Date: ________________