Request for Course Audit (Persons Age 65+)

Student information
- Name _____
- Phone _____
- Email _____

Course information:

TO BE COMPLETED BY STUDENT					TO BE COMPLETED BY INSTRUCTOR
Dept & Course #	Class #	Course Title	SH	Term	Please sign in this column to indicate your approval to allow this student to audit your course. Email approval is acceptable. Please send your approval to Amy Woodbeck (amy.woodbeck@minotstateu.edu).

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: _____

FOR MINOT STATE UNIVERSITY'S USE ONLY

Eligibility Verified (indicate means) _____   Date: _____

Application Fee Received   Date: _____

Application Sent to Admissions Office   Date: _____

Instructor Approval Obtained (list all that apply)   Date: _____

Student Enrolled in Course(s) (list all that apply)   Date: _____

Confirmation sent to Student   Date: _____

Confirmation to Instructor   Date: _____

Copy to Business Office   Date: _____

1/5/2021