



AUDIT REQUEST

Student Name _____
Last First

_____ @cmich.edu
Student Campus ID# Student Global ID

I am requesting to Audit as:

Senior Citizen **Senior citizen auditors are only permitted to attend on-campus undergraduate courses.*

Student

Subject & Number Credit Hours Course Section Number Year Fall Spring Summer

Instructor Name

The student's responsibility to the class being audited is determined by the department chairperson and the instructor.

Student Signature Date _____

Instructor Signature (Required) Date _____

Dept. Chair's Signature (Required) Date _____

E-mail the completed/signed form to: records@cmich.edu

Registrar's Office
Records/Registration
Warriner Hall 212
(989) 774- 3261