

SAMUEL MERRITT UNIVERSITY

Office of the Registrar

450 30th Street, Suite 2802, Oakland, CA 94609

510-869-1511

510-869-6204 (FAX)

Student Name (last name, first name)

Student ID #

AUDIT PETITION

Return this form to the Registrar's Office

Term

Today's date

DEPT	COURSE #	SEC #	SYNONYM #	UNITS	COURSE TITLE	DAY	TIME

Instructor's signature

Date

Department chair signature

Date

Audits are permitted only when space is available in the class. The auditor may receive handouts but does not participate actively in discussions or take exams and, therefore, does not receive formal credit. A student may not challenge a previously audited course.