

The University of Alabama at Birmingham
 The Graduate School
 511 Hill University Center
 1400 University Boulevard
 Birmingham, AL 35294-1150

PERMISSION TO AUDIT GRADUATE LEVEL COURSEWORK*

Identifying Information		
First Name	Middle Initial	Last Name
Blazer ID	Phone Number	
Address (Street, City, State, Zip)		

Course Information
<p>I wish to enroll in the following course(s) for no-credit (Audit) for the _____ semester during _____ year. I understand this course(s) cannot be counted toward hours required for full-time status/degree requirements.</p>

<i>Student's Signature</i> _____	<i>Date</i> _____
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Call Number	Course and Section Number	Course Title	Hours	Instructor's Signature
1.				
2.				
3.				

Approvals

I recommend that this student be allowed to take the course(s) specified above.

Advisor	Date
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Graduate Program Director	Date
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Chairman (Dept. of Audited Course)	Date
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I approve the above request

I do not approve the above request.

Graduate School Director	Date
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****This approval must be secured prior to registration.***