



Registration/Audit Form

Use this form if you are unable to register yourself in a course.

Student Name:	Student #:
Phone:	Email:
Program:	Date:

Course Section Add

Audit	Session	Term	Subject	Course #	Section	Credits	Instructor Name	Instructor Signature

Comments:

Approval

Student's Supervisor Name:	Student's Supervisor Signature:	Date:
Student's Program Coordinator Name:	Student's Program Coordinator Signature:	Date:
College of Graduate Studies Name:	College of Graduate Studies Signature:	Date:

Note: The department head's signature is required if you are requesting to register/audit a course in Computer Science, Data Science, Math, Physics, or Statistics.

Department Head Name:	Department Head Signature:	Date:
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