

REQUEST TO AUDIT FORM

Registrar's Office

One Main Street, Suite N330, Houston, Texas 77002-1001

www.uhd.edu

713-221-8999



If you wish to audit a course (take a course on a non-credit basis), you can do so by having the instructor in that course sign this Form. You must follow ALL regular admission and registration procedures including payment of tuition and fees, unless you are a senior citizen 65 years old or older, in which case you may audit free on a space-available basis. Credit is not given for an audit course, nor may a change to credit status be made after you have submitted a request to audit

STUDENT ID NUMBER

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DATE OF BIRTH

Month

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 Day

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 Year

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FULL NAME – as it appears in UHD records (please print)

Last

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Maiden name

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 Previous last name

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 E-mail Address

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CONTACT INFORMATION

Telephone – Home number Area code

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 *Do not use pager numbers Telephone – Work number Area code

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Please provide the following information for the class(es) to be audited:

| COURSE NAME | | | | COURSE NUMBER | | | | CRN NUMBER | | | | INSTRUCTOR APPROVAL | | | |
|-------------|--|--|--|---------------|--|--|--|------------|--|--|--|---------------------|--|--|--|
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**** Only after this form is properly completed, signed by your instructor and validated by the Registrar's Office by the Official Day of Record of the current semester, are you then, officially changed from REGISTERED to AUDIT status****

Student Signature

Date

****A print out of your new class schedule will be stamped by the Registrar's Office as your confirmation receipt ****

Received by _____ Processed by _____