



PERMISSION TO AUDIT A GRADUATE COURSE

1. _____
 CWID Degree or Certificate Program Registration Term
2. _____
 Last Name First Name Middle Name
3. _____
 College of Charleston Email Phone Number

DEPT. (BIOL)	NO. (629)	CRN. (13985)	CR. (3)	TITLE (Conservation Biology)

 Student Signature Date

 Instructor Signature Date

THIS FORM MUST BE SUBMITTED BY THE DROP/ADD DEADLINE. STUDENTS ARE ASSESSED FULL TUITION AND FEES FOR AUDITED COURSES.

Form should be submitted to Robyn Olejniczak (olejniczakr1@cofc.edu) in the Graduate School office

<p>GSO STAFF ONLY</p> <p>Processed by: _____ Date: _____</p>
