



# SEATTLE UNIVERSITY

## AUDIT APPLICATION RMRGEARC

**Office of the Registrar**  
901 12<sup>th</sup> Avenue,  
P.O. Box 222000  
Seattle, WA 98122-1090  
(206) 220-8030; Fax: (206) 296-2443  
Email: [registrar@seattleu.edu](mailto:registrar@seattleu.edu)

**Instructions:** Take this form to the instructor and department chair to request permission to sit in on the course. A request does not guarantee approval; admission to courses is on a space-available basis. Graduate courses (numbered 5000 and above), special topic and labs, and courses with “arranged” times and places, are usually not available for audit. **This form is due by the first week of each quarter.**

**Elder Audit Fee:** There is a \$35.00 fee per class, which is paid by check upon submission of this form to the Registrar’s Office. The office is located in Vi Hilbert Hall 220, Redhawk Service Center.

**Alumni Audit Fee:** There is a \$55.00 fee per class, which is paid by check is paid upon submission of this form to the Alumni Office. The office is located in the Advancement and Alumni Building (ADAL) at the corner of Marion and 12<sup>th</sup> Avenue.

Name: \_\_\_\_\_ Former Names: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN/Seattle U ID: \_\_\_\_\_

**To be taken:** (Fill in year) Fall: \_\_\_\_\_ Winter: \_\_\_\_\_ Spring: \_\_\_\_\_ Summer: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I WISH TO AUDIT THE FOLLOWING COURSE(S):**

Course Subject, Number & Section  
(e.g., ACCT 2300 - 01)

Course Title  
(e.g., Principles of Accounting)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Approved: \_\_\_\_\_  
Instructor Date

Payment Received: Date: _____
Processed by: _____
Elder or Alumni: _____
Seattle U ID: _____