



# Course Audit Request Form (Internal use ONLY)

Registrar Office: 361-698-1248 Fax: 361-698-1857 Email: [reginfo@delmar.edu](mailto:reginfo@delmar.edu)

Student Name (print): \_\_\_\_\_

Student Phone: \_\_\_\_\_

Student ID: \_\_\_\_\_ Term:  Fall  Spring  Sum I  Sum 2 Year: \_\_\_\_\_

**Complete the following information in its entirety.  
Incomplete information will prevent the processing of this request.**

### COURSE(S) FOR WHICH REGISTRATION IS REQUESTED

Course Prefix (Ex: ACCT)	Course Number (Ex: 2301)	Course Section (Ex: 001FA)

By signing this form, I certify I understand that I am registering for the above courses and must make payment by the appropriate deadline. Upon completion, submit form to Registrar's Office.

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

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

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