

## **Audit Permit**

Office of the Registrar ACU Box 29141, Abilene, Texas 79699-9141 Telephone: 325-674-2300 Email: registrar@acu.edu

## **INSTRUCTIONS:**

- 1. Obtain signature from department chair to indicate approval to audit the course.
- 2. On the first day of class, obtain signature from instructor to indicate a seat is available.
- 3. Return all Bible class audit permits to the College of Biblical Studies Dean's Office. Audit permits for all other departments should be returned to the Registrar's Office, Administration Bldg. 207, ACU Box 29141, or registrar@acu.edu.
- 4. Signed forms must be submitted to the Office of the Registrar by Friday on the second week of the long term or the equivalent date of a summer session or intensive course.
- 5. Any courses audited will be zero credit hours.

COST*	
Senior (65+)	No charge
All other	\$35
*Does not include sup	oply fees, if any

Name	Last		First	Middle Ma	Student ID		
☐ Male	☐ Female	Ethnicity _		Birthdate	SS#		
Semester			_ Building	Room No			
Course N	o		Title		Days/7	Time	
PERMA	NENT ADDI	RESS					
Address _							
City				State		Zip	
Email			Phone				
BILLING	G ADDRESS	(IF DIFFE	RENT)				
Address _							
City				State		Zip	
STUDEN	NT SIGNATU	JRE					
In requesting permission to audit the above course, I agree to abide by all relevant ACU policies and student conduct expectations.							
Student S	Signature		Date				
DEPART	TMENT APP	PROVALS					
Instructor	Signature		Date	Depart	tment Chair Signature	Date	
FOR REG	GISTRAR'S US	SE ONLY					