

Request for Audit(s) to Appear on Transcript

Submit this request no sooner than the MIDDLE of the term in which the course is taken.

I. STUDENT INFORMATION:

Student Name:

(Last)

(First)

ISU ID#:

Department(s):

II. COURSE INFORMATION:

I request the following course(s) be added to my permanent record. These course(s) were registered for as audits and the instructor signature(s) below indicate I was actively involved in the course(s).

Dept. Name & Course Number

Semester & Year Audited

Instructor's Signature

Dept. Name & Course Number	Semester & Year Audited	Instructor's Signature

Include typed or printed names and signatures

Major Professor:

Date:

Student:

Date:

III. GRADUATE COLLEGE APPROVAL:

Graduate College Signature:

Date:

Copy:

DOGE

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