

Application for Course Audit for SMD PhD Graduate Students

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| --- | --- |
| Name: | Enter text. |
|  |  |
| URID: | Enter text. |
|  |  |
| Program: | Enter text. |
|  |  |
| Phone #: | Enter text. |
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|  |  |

Course(s) that you are requesting to audit:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **CRN** | **Subject Area** | **Course #** | **Audit**  **Yes No** | | **Credit Hours** | **Course Title** |
| Text | Text | Text |  |  | Text | Enter text. |
| Text | Text | Text |  |  | Text | Enter text. |
| Text | Text | Text |  |  | Text | Enter text. |

**Submit to** [registrar@rochester.edu](mailto:registrar@rochester.edu)