RHODE ISLAND
COLLEGE

COURSE AUDIT FORM

Student Name _____

EMPLID _____

Department Number _____ Course Number _____ Section Number _____

Indicate semester and year of audit request:

Fall ☐   Spring ☐   Summer ☐   Year _____

Instructor's Approval Signature _____ Date _____

Department Chair's Approval _____ Date _____

This form should be returned to the Records Office before the Drop Period ends.

Distribution: Records Office   Department   Student