

UNIVERSITY OF NORTH CAROLINA AT PEMBROKE
PEMBROKE, NORTH CAROLINA
REQUEST FOR AUDIT

Student's Name _____

Student ID# _____ Date of Birth _____

Address _____

Phone No. _____

Request to Audit _____

(Course No. and Title)

Semester _____ Year _____

Instructor _____

APPROVAL

Instructor's Approval _____

Associate Vice Chancellor for Academic Affairs _____

Date _____