

**TH.M. PROGRAM
AUDIT APPLICATION**

NAME: _____

STUDENT ID# _____

1. Course you wish to audit (title, course number, semester/year):
(Brite will pay audit fees for one course audited.)

2. Reason(s) for wanting to audit this course:

3. This is: 1st class audited class audit not paid by Brite

Student's Signature: _____ Date: _____

4. Signature of professor of record for the course and the Associate Dean for Academic Affairs:

- a. I consent to have this student audit my class:

_____ Date: _____
Professor

- b. Concur:

_____ Date: _____
Associate Dean for Academic Affairs

Note: This form is to be filed with the Associate Dean for Academic Affairs