

**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:       1<sup>st</sup> 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