University of Lethbridge

Registrar's Office
4401 University Drive
Lethbridge, Alberta T1K 3M4
Fax: 403-329-5159
Phone: 403-320-5700
regoffice@uleth.ca

REQUEST TO AUDIT A COURSE

PERSONAL INFORMATION

University of Lethbridge Student ID Number *(if you have already been given one)*

Legal Last/Family/Surname

Legal First/Given Name	Legal Middle Name

Former Last Name(s)/Family Name(s) *(if applicable)*

Preferred First Name

Gender o Female o Male o Undeclared o Unspecified	Date of Birth (YYYY/MM/DD)

STUDENT CONTACT INFORMATION

Street Address	

City/Town	Province/State

Country	Postal/Zip Code

Telephone Number	Email Address

ADDITIONAL INFORMATION

Immigration Status
o Canadian Citizen   o Permanent Resident of Canada (Landed Immigrant)   o Refugee o Study Permit   o Other Permit (please specify):

Country of Citizenship *(if not Canada)*

First Spoken Language *(The first language you learned and still understand)*

REGISTRATION INFORMATION

Please fill out all information requested below in order to see your request processed as quickly as possible.

Term
o Fall (Sept - Dec) 20_____   o Spring (Jan - Apr) 20_____   o Summer (May - Aug) 20_____

Course Registration

Course Subject and Number *(e.g. WRIT 1000)*	Section *(e.g. A)*	CRN *(e.g. 10010)*	Lab *(if applicable)*	Tutorial *(if applicable)*

Instructor's Name	Instructor's Signature	Date

AUDIT FEE

You are required to pay non-refundable tuition at 50% the cost of the course you are auditing.

How to pay: In-person (Lethbridge - SU140 or Calgary - S6032). Pay by debit, Visa, MasterCard, cash (Lethbridge only), or cheque

GRADUATE STUDENTS

All graduate-level students must obtain a signature approving this request to audit a course. The signature must come from the student's appropriate graduate program administrator. See list of graduate program administer contacts below:

Program in Arts and Science: sgs@uleth.ca
Program in Education: edu.masters@uleth.ca
Program in Fine Arts and Music: finearts.advising@uleth.ca
Program in Health Sciences: graduate.health@uleth.ca
Program in Management: dhillon.msc@uleth.ca

Graduate program administrator   *Date*

DECLARATION

o I understand that when I audit this course, I will not participate in class discussions (unless invited to by the instructor), submit assignments, write quizzes or exams, or receive credit. I must get permission to audit the course from the instructor (signature required above).

Once complete, print this form, get the instructor's signature and bring it to the Lethbridge Registrar's Office (SU140) or the Calgary Campus Office (S6032).

Applicant's Signature if submitting paper copy   *Date of Application*

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