



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

## REQUEST TO AUDIT A COURSE

### PERSONAL INFORMATION

University of Lethbridge Student ID Number <i>(if you have already been given one)</i>	
Legal Last/Family/Surname	
Legal First/Given Name	Legal Middle Name
Former Last Name(s)/Family Name(s) <i>(if applicable)</i>	
Preferred First Name	
Gender <input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Undeclared <input type="radio"/> 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 <input type="radio"/> Canadian Citizen <input type="radio"/> Permanent Resident of Canada (Landed Immigrant) <input type="radio"/> Refugee <input type="radio"/> Study Permit <input type="radio"/> Other Permit (please specify):
Country of Citizenship <i>(if not Canada)</i>
First Spoken Language <i>(The first language you learned and still understand)</i>

### REGISTRATION INFORMATION

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

Term <input type="radio"/> Fall (Sept - Dec) 20____ <input type="radio"/> Spring (Jan - Apr) 20____ <input type="radio"/> Summer (May - Aug) 20____				
Course Registration				
Course Subject and Number <i>(e.g. WRIT 1000)</i>	Section <i>(e.g. A)</i>	CRN <i>(e.g. 10010)</i>	Lab <i>(if applicable)</i>	Tutorial <i>(if applicable)</i>

\_\_\_\_\_  
 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

## 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*

The personal information on this form is collected under the authority of the Post-secondary Learning Act (Alberta) and the Freedom of Information and Protection of Privacy Act (Alberta). Your information will be used for admission; registration; scholarships and awards administration; academic progress monitoring; planning and research; alumni relations; contacting you about University courses and services; and operating other University-related programs. The University of Lethbridge may share and disclose information within the University to carry out its mandate and operations. Specific data will be disclosed to the relevant student associations, and to the federal and provincial governments to meet reporting requirements. For questions on the collection, use and disclosure of this information, please contact the University's FOIP Coordinator at 4401 University Drive West, Lethbridge, AB T1K 3M4; email: [foip@uleth.ca](mailto:foip@uleth.ca); tel.: 403-332-4620.

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