

## PERMIT TO AUDIT

**Please return all copies to the Registrar's Office.**

Name \_\_\_\_\_

NU ID \_\_\_\_\_ Last 4 digit of SSN \_\_\_\_\_

Term \_\_\_\_\_ Date \_\_\_\_\_

### Course(s) to Audit

Dept.	Course No.	Credit Hrs.	Description	Instructor's Signature

Program/College's Signature \_\_\_\_\_

Please refer to the Student Handbook for current rates  
[http://www.unmc.edu/studentservices/\\_documents/handbook.pdf](http://www.unmc.edu/studentservices/_documents/handbook.pdf)

White Copy: Registrar • Yellow Copy: Cashier