



MARINE INSTITUTE

Request for Permission to Audit Course

Name: _____

Program: _____ Term: _____

Student Number: _____ Telephone Number: _____

I have read the Course Audit Regulation and wish to Audit the following Marine Institute course(s):

Course Name: _____ Course Number: _____

Course Name: _____ Course Number: _____

Once this form is completed, or if you have any questions or concerns regarding this form, please email: reghelp@mi.mun.ca

Student Signature

Date

FOR OFFICE USE ONLY	
Application Status:	Approved <input type="checkbox"/> Denied <input type="checkbox"/>
Instructor Signature: _____	Date: _____
School Head Signature: _____	Date: _____