Gonzaga University – Alumni Association
AUDIT FORM
Registration on space available basis only and open only to lecture courses.

DATE: 

NAME: ___________________________ GU ID: ___________________________
ADDRESS: ___________________________ PHONE: (____) ______
CITY: ___________________________ STATE: _______________ ZIP: ___________________________
DEGREE: ___________________________ YEAR: ___________________________

LIMIT OF THREE CLASSES

<table>
<thead>
<tr>
<th>CRN</th>
<th>Subject</th>
<th>Course #</th>
<th>Section #</th>
<th>Title</th>
<th>Instructor</th>
<th>Location</th>
<th>Time</th>
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1) Verify Class Availability __________  $_________ Amount Received for Audit __________ Received by: ___________________________

2) ___________________________ Instructor’s Signature

3) ___________________________ Registrar’ Signature

4) ___________________________ Student Accounts Signature (If applicable)

5) ___________________________ Student Signature

Completed forms must be returned to Alumni Office to finalize registration.

The auditor registers for lecture courses only and pays a reduced fee based on this option. This audit is taken on a “no credit/no record” basis. No transcript entry is recorded
This audit is NOT available during summer sessions.

Process three copies: Original – Alumni Office
Copy – Registrar’s
Copy – Student