



COURSE AUDIT REGISTRATION

| I. Student Info | rmation | <u> </u> | | | | | | | | |
|--|--------------|-------------------------|---------------------------------|--------------------------|-----------|-------------------|--------------------|-------------------|-------|--|
| 1. Full Name | | | | | | 2. Student ID | | | | |
| | | | | | | | | | | |
| 3. Program | | 4. Year | | | 5. Qua | rter | 6. | 6. Date Requested | | |
| - Controgramm | | | | . | | - 0. | or 2 are requested | | | |
| 7. Phone number | | | | | 8. E-m | ail | | | | |
| 7. Phone number | | | | | 0. E-III | an | | | | |
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| Ⅱ. Course Inf | ormatio | n | | | | | | | | |
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| Course number | Course Na | ıme | | | | | # Units | ts Language | audit | |
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| Chalant Ciamatana | | | | | | | | | | |
| Student Signature : | | | | | | | | | | |
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| Refore vou initiate t | he navmer | nt contac | t the Acaden | ic Coora | linator | first then submit | this for | rm to the Acade | mic | |
| Before you initiate the payment, contact the Academic Coordinator first then submit this form to the Academic Coordinator. All inquiries related to course audit registration (ac@dula.edu). | | | | | | | | | | |
| coordinator. The inquiries retained to course dutin registration (<u>the summetin</u>). | | | | | | | | | | |
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| Approved | Not Approved | | | Reas (If app | | | | | | |
| Academic Dean Signature | | | | | | Date | | | | |
| | | | | | | | | | | |
| Received | | | Fee | | Receipt # | | Date | | | |
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| MSOM/DATM fo DATM advance do | undational | l courses ourses : U | : US\$ 77.5 / IS\$ 157.5 / U | Unit ^J nit | | | | | | |