

## COURSE AUDIT REGISTRATION

I. Student Information			
1. Full Name		2. Student ID	
3. Program	4. Year	5. Quarter	6. Date Requested
7. Phone number		8. E-mail	

II. Course Information				
Course number	Course Name	# Units	Language	First audit

Student: \_\_\_\_\_  
*Signature*
*Date*

1. Before you initiate the payment, contact the Academic Coordinator first then submit this form to the Academic Coordinator.
2. Submit to: ac-kor@dula.edu, ac-eng@dula.edu

=====FOR OFFICE USE ONLY=====				
Approved	Not Approved	Reason (If applied)		
Academic Dean Signature				Date
Received		Fee	Receipt #	Date