

Name: _____ **Student ID:** _____

Degree Program: MAcHM/MSOM DAcHM/DATM

We will respond by e-mail to your e-mail account: _____@_____

You will receive an email notification regarding the approval status of your application. If approved and space is available in the course, you will be registered.

[A] I am requesting an audit registration for the following course:

Term: _____ **Course Code:** _____
(e.g. Spring 2024) (e.g. BS313)

Course Language: English Korean **Course Name:** _____
(e.g. Pathology 3)

[B] Have you previously passed this course with a grade of C- or higher? Yes No

[C] Have you previously audited this course? Yes No

**[D] If you responded “Yes” to [C], please specify the number of times you have audited
this course: _____ times**

By signing this audit registration, I acknowledge my responsibility for any disruptions caused during the course. I understand that failure to adhere to the standards of conduct may result in termination of my auditing privileges.

I certify that the information in this application is true and complete in all respects and that I have withheld no information. I understand that misrepresentation, falsification of documents, or withholding of requested information regarding this application are serious offences and may result in prosecution under the University’s Codes of Behavior and/or Criminal Code of California.

Student Signature: _____ **Date:** _____

Instructor’s Signature: _____ **Date:** _____

Academic Coordinator’s Signature: _____ **Date:** _____