

APPLICATION TO AUDIT A LAW SCHOOL COURSE FOR STUDENTS

Name: _____ T-Number: _____

Email Address: _____@_____._____

Division: Full time Part time Number of Hours Enrolled (before audits): _____

COURSE NAME	CRN	SEC	PROFESSOR

I acknowledge that I have read Part III.H of the Academic Rules relating to auditing of courses. I further acknowledge that I will be charged the regular tuition rate for any courses I audit.

Signature: _____ Date: ___/___/20___

Consent of Faculty Member

Signature: _____ Date: ___/___/20___

Consent of Assistant Dean for Student Affairs

Petition Granted

Petition Denied

Reason for Denial: _____

Signature: _____ Date: ___/___/20___

(Please see the following page for instructions for completing this form)

Instructions for Completing this Form

1. Complete all information as requested above.

2. Submit the completed and signed form via:

Hand Delivery To the Assistant Dean's Office, Second Floor, Room 205B

Mail UALR Bowen School of Law
Attention: Dean Valerie Nation
1201 McMath Ave.
Little Rock, AR 72202

Fax (501) 324-9433

Email Note: You must submit a scan with your signature. Email to
pamartin@ualr.edu.

3. You will be notified via email (to the address you listed above) whether the petition has been granted or denied. No further action will be required on your part.