



PERMISSION TO AUDIT –
Only electronic copies will be accepted

Last Name	First Name	UCID #
Email	Phone Number(s)	Course to be audited: Course Name and Number

Audit Policy:

<https://conted.ucalgary.ca/info/auditing.jsp>

With the submission of this request, I understand that if I am allowed to register as an audit student to this course I agree to the policy. I understand Continuing Education’s withdrawal and transfer policy will apply.

Student Acknowledgment:

Date:

Please type your full name:

Allow 3 business days for a reply. Submit the completed form via email to conted@ucalgary.ca

The form will be attached to your student record. The instructor of the course will be notified.

Student Services completing this form on behalf of a student – please indicate date and method of contact with student:

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Approve the request Deny the Request (please complete notes)

Course Instructor name:

Date Instructor contacted:

Program Manager Name:

Date:

Notes: