

Gonzaga University - Alumni Association

AUDIT FORM

Registration on space available basis and open to lecture courses only

Date: _____

Name: _____

GU ID: _____

Address: _____

Phone: _____

City: _____

State: _____

Zip: _____

Degree: _____

Year: _____

LIMIT OF ONE CLASS PER SEMESTER

CRN	Subject	Course #	Section #	Title	Instructor	Location	Time

1.) _____
Verify Class Availability

2.) _____
Instructor's Signature

3.) _____
Registrar's Signature

4.) _____
Student Accounts Signature (if applicable)

5.) _____
Student Signature

6.) _____
Audit Fee Received by Alumni

Completed form must be returned to the Alumni Office with audit fee to finalize registration.

**Fee payable by cash or check only. We are unable to accept credit or debit cards*

The auditor registers for lecture courses only and pays a reduced fee based on this option. This audit is taken on a "no credit/no record" basis. No transcript entry is recorded.

This audit is not available during summer sessions.

Process three copies: Original - Alumni Office
Copy - Registrar's Office
Copy - Student