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

<table>
<thead>
<tr>
<th>CRN</th>
<th>Subject</th>
<th>Course #</th>
<th>Section #</th>
<th>Title</th>
<th>Instructor</th>
<th>Location</th>
<th>Time</th>
</tr>
</thead>
</table>

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