The College of New Jersey Office of Records & Registration

Office of Records & Registration P.O. Box 7718, Ewing, NJ 08628-0718 609-771-2141

PERMISSION TO AUDIT A COURSE

NAME: Last	First	M.I.	ID #: (6 digit PAWS ID #)
PHONE:	TCNJ EMAIL:		PRESENT MAJOR:
SEMESTER: Year	Fall [Spring	
Course #	Course Title		Instructor
Registration. An au only a limited numb will be granted this tuition and fees. The students in his/her compared to the students in his/her	audit courses must aditor may not elect ber of auditors can be privilege. Students he instructor will be class who have audit e of class participati	to receive credit for accommodated, permitted to audit informed by the correction status. It shall ion that an auditor	ssion from the Office of Records and or a course after the classes begin. Since only students presenting bona fide reasons to a course must register and pay normal Office of Records and Registration about be the prerogative of the instructor to may be permitted in his/her class. A
Please indicate your		_	