

Application for Course Audit for SMD PhD Graduate Students

|  |  |
| --- | --- |
|  Name: | Enter text. |
|  |  |
|  URID: | Enter text. |
|  |  |
| Program: | Enter text. |
|  |  |
| Phone #: | Enter text. |
|  |  |
|  |  |

Course(s) that you are requesting to audit:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CRN** | **Subject Area** | **Course #** | **Audit****Yes No** | **Credit Hours** | **Course Title** |
| Text | Text | Text |[ ] [ ]  Text | Enter text. |
| Text | Text | Text |[ ] [ ]  Text | Enter text. |
| Text | Text | Text |[ ] [ ]  Text | Enter text. |

SMD Registrar Signature Date

Submit this completed form to Grad\_Registrar@urmc.rochester.edu or Graduate Education and Postdoctoral Affairs, Box 316, Room G-9556.