

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](mailto:Grad_Registrar@urmc.rochester.edu) or Graduate Education and Postdoctoral Affairs, Box 316, Room G-9556.