University of Maine at Machias

Course AUDIT Request

SEMESTER: ____________________   DATE: ____________________

NAME: ___________________________   Date of Birth: _______ / _____ / _______

Class #   Subject & Course #   Course Title

_____________________________________

Instructor's Signature

_____________________________________

Advisor's Signature

Note: A course registration may only be changed to 'Audit' status during the first week of the semester. Thereafter, the normal process for withdrawing from a course must be followed.