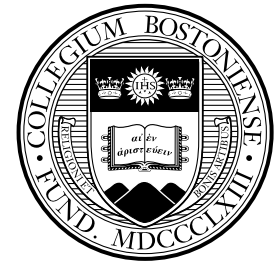


The Graduate School of Arts & Sciences



## Change Course to Audit

Today's date: \_\_\_\_\_

Eagle ID #: —

Full Name: \_\_\_\_\_

Course # :  Course Title: \_\_\_\_\_

Instructor's Approval: \_\_\_\_\_

Dean's Approval: \_\_\_\_\_

(Required after Drop/Add period is over.)

For Office Use Only

GSAS Date Received:

Course UIS AY Date:

Rcvd by GSAS:

Recorder's Initials: