

Office of the Registrar 650 East Parkway South Barry Hall Room 40 Memphis, TN 38104 901-321-3889 Fax 901-321-3257 registrar@cbu.edu

Course Audit Form

The completed form must be returned to the Registrar's Office during the Drop/Add period of the specific semester that the course is being taken. Please refer to the University catalog section titled "Course Audit" for additional information. **No credit hours are earned for an audited course**.

Term	Program:	Day	Evening	_ Masters	_
CRN Dep	I Dept. Prefix		Course #		
Course Title					_
Student Name			ID Number		_
Student Signature			Date		_
Instructor's Signature			Date		_
For Office Use Only					
Copy of completed form to	o the Financial Aid 0	Office	Business Offic	ce	