UNIVERSITY OF HOUSTON-CLEAR LAKE
AUDIT APPLICATION

Date _____ **Semester:** ☐ **Fall** ☐ **Spring** ☐ **Summer**

_____

Last Name **First Name** **Middle Name**

Please read and complete the following items:

YES	NO	
☐	☐	1. Do you have at least 54 hours of college credit? If so, are you presently eligible to return to the last institution attended?
☐	☐	2. Have you ever been denied admission to the University of Houston-Clear Lake?
☐	☐	3. Have you ever attended the University of Houston-Clear Lake? If so, are you presently eligible to return?

4. Reason for wanting to audit course(s):

_____

_____

5. List below and also on the REVERSE SIDE the course(s) you plan to audit.

Use the Class Schedule to complete this form.

Abbr.	No.	Section	Time & Day	Room

Detach along perforation

CAMPUS AUDIT PERMIT

Date _____ **Semester:** ☐ **Fall** ☐ **Spring** ☐ **Summer**

_____

Last Name **First Name** **Middle Name**

_____

Address **ZIP** **Phone**

Date of Birth: ___/___/_____ **Email Address:** _____

Take this Audit Permit to the Cashiers Office, SSCB 1.103. There, you will pay your tuition and fees. If you need a UHCL student ID number created, please go to the Office of Admissions for assistance. KEEP THIS AUDIT PERMIT WITH YOU AT ALL TIMES. You may be asked for it again at any time.

_____

Signature of applicant

SCHEDULE

Abbr.	No.	Section	Time & Day	Room

Approved: _____ _____

Dean **Bursar**

_____

Instructor

To the instructor(s):
If properly approved and validated by the Cashier's signature, the student has been granted permission to VISIT the class(es) shown and is entitled to the audit privileges listed in the UH-Clear Lake regulations. The student understands that he/she will not receive credit or grade for the course(s). Please return this permit to the student.