

COLLEGE of CHARLESTON

OFFICE OF THE REGISTRAR

PERMISSION TO AUDIT

Student Name: _____ Student ID Number: _____

Course	Number	Section	Course Title
_____	_____	_____	_____

Semester: _____ Academic Year: 20__

Student's Signature

____/____/____
Date

Instructor's Signature

____/____/____
Date

This form MUST be submitted prior to the end of the Drop/Add period. You must attach a copy of your Degree Audit.

RO USE ONLY:

Processed by: _____
(Initials)

Date: _____