

Course Audit Request Form

Student Name _____

BU ID# _____ Class _____

- Select College: College of Arts & Sciences
 College of Engineering
 Freeman College of Management

CRN# _____ Course Subject /# _____

Section _____ Course Title _____

Instructor Name _____

Instructor Signature _____  Date _____

Adviser Signature _____  Date _____

Associate Dean's Signature _____ 

FOR REGISTRAR USE:
