

# Permission to Audit



Permission to change to audit on or after the first day of class, up to the add/drop deadline

## Student Information

Last Name:

First Name:

Student Number:

## Instructor and Course Information

Instructor Name

**This student has my permission to audit:**

Term:

Course:

Section: (required)

**Do not sign before the first day of class or after the add/drop deadline**

Instructor Signature:

Date:

▶ Please email the completed form to [registration@camosun.ca](mailto:registration@camosun.ca) ◀