

Student's ID Number School Major Last Name First Name MI

**MISSISSIPPI STATE UNIVERSITY
AUDIT REQUEST FORM
OFFICE OF THE REGISTRAR**

	SYMBOL	NUMBER	SECTION	COURSE CODE	INSTRUCTORS	SIGNATURES
Audit					Instructor's Printed Name	Advisor's Printed Name
					Instructor's Signature/Date	Advisor's Signature/Date
Audit					Instructor's Printed Name	Dean's Printed Name
					Instructor's Signature/Date	Dean's Signature/Date
Audit					Instructor's Printed Name	Official Audit Date Entered by Registrar
					Instructor's Signature/Date	

INDICATE TERM

199 **Fall** **Spring** **Other**

200

201 **Summer 1** **Summer 2** **Summer 10**