

Course Approval Form

Audit, Post Graduate, and Transient Students

Please use a separate form for each course you want to take

Applicant's Name (please print):			First	Middle	
Last			FIISI	Middle	
I request permission to take ☐ Auditor ☐ Post Gradu ☐ Transient		a University	course as a(n):		
Department	Number		ırse Title	Credit Hours	
Semester to be taken:	Fall	Spring	Summer	Year: 20	
APPROVALS: A. Course Inst	ructor:				
	Name (please	e print)	Signatu	ure	
B. Program Di	rector: Name (please	Name (please print)		Signature	
C. Dean/Assoc	ciate Dean of the Colle	ege offering	the course:		
Name (please print)		e print)	Signature		
	ciate Dean of The Gra , and if other than C a				
	Name (pleas	se print)	Signatu	ıre	

admissions@augusta.edu

OFFICE USE ONLY

- 1. Make copy of completed Course Approval Form
- 2. Take immediately to Registrar's Office

Return completed Course Approval Form to: