



AUGUSTA
UNIVERSITY

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): _____
Last
First
Middle

I request permission to take the following Augusta University course as a(n):

- Auditor
- Post Graduate
- Transient

Department	Number	Course Title	Credit Hours

Semester to be taken: Fall Spring Summer Year: 20__

APPROVALS:

A. Course Instructor: _____
Name (please print)
Signature

B. Program Director: _____
Name (please print)
Signature

C. Dean/Associate Dean of the College offering the course:

Name (please print)
Signature

D. Dean/Associate Dean of The Graduate School
 (if required, and if other than C above):

Name (please print)
Signature

Return completed Course Approval Form to: admissions@augusta.edu

OFFICE USE ONLY

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