



Audit Choice Card

To be returned to Enrollment Services

Please admit the following student to the specific class as an audit:

Date: _____ Student name: _____

Student Identification Number (SID): _____

| <i>Line no.</i> | <i>Dept.</i> | <i>Course No.</i> | <i>Section</i> |
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| <i>Instructor's approval</i> | | | <i>Date</i> |
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| <i>Associate Dean's approval</i> | | | <i>Date</i> |
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|--------------------------|--|--|-------------|
| <i>Student Signature</i> | | | <i>Date</i> |
|--------------------------|--|--|-------------|

SVC provides a drug free environment and does not discriminate on the basis of race, color, religion, national origin, sex, gender identity, sexual orientation, disability, marital status, or age in its programs and employment.