



ESTABLISHED 1979
NAVAJO TECHNICAL UNIVERSITY

SIHASIN

COURSE AUDIT REQUEST FORM

An Audit course takes up a seat/space therefore Audit courses accumulate charges.

Student Name: _____ **NTU ID#** _____

Date submitted: _____

Course Number/Title	Credit Hours

Reason for Audit:

Approval:

Instructor's Signature **Date**

Dean of Undergraduate Studies **Date**

Final decision concerning the audit of courses listed rests with the department concerned.

OFFICE USE ONLY

Registrar Signature: _____ **Date:** _____

Xc: Financial Aid Office