

Name: _____ Student Number: _____
Email: _____ Telephone Number: _____
Program: _____ Term: _____

I have read the [Auditing of Course Regulations](#) and wish to audit the following Marine Institute course(s):

Course Name: _____ Course Number: _____

Course Name: _____ Course Number: _____

Once this form is completed, or if you have any questions or concerns regarding this form, please email: eoc@mi.mun.ca

Student Signature

Date

Office Use Only:

Application Status: Approved Denied:

Instructor Signature: _____ Date: _____

School Head Signature: _____ Date: _____

Access to Information and Protection of Privacy – The information on this form is collected under the authority of the Memorial University Act (RSNL 1990 Chapter M-7) and is needed for and will be used to update your student record. If you have any questions about the collection and use of this information please contact the Registrar at miregistrar@mi.mun.ca.