



Edgewood College
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NAME: _____

ID #: _____

REQUEST TO AUDIT

TERM: _____

YEAR: 20_____

COURSE: _____

<i>DEPT</i>	<i>COURSE #</i>	<i>SECTION</i>	<i>CREDITS</i>
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STUDENT SIGNATURE

DATE

INSTRUCTOR SIGNATURE

DATE

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DATE: _____

Submit to:

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