Course Audit Registration

Name: _____ **Student ID:** _____

Email: _____ **Phone Number:** _____

Degree Program: □ MAcHM (Master's program) □ DAcHM (Doctorate program)

[A] I am requesting a course audit registration for the following course:

Term: _____ Course Code & Name: _____
(e.g. Spring 2024) (e.g. BS313 Pathology III)

Course Language: □ English □ Korean Faculty Name: _____

[B] Have you previously passed this course with a grade of C- or higher? □ Yes □ No

[C] Have you previously requested to audit this course? □ Yes □ No

[D] If you responded "Yes" to [C], please specify the number of times you have audited this course: _____times.

By signing this audit registration, I acknowledge my responsibility for any disruptions caused during the course. I understand that failure to adhere to the standards of conduct may result in termination of my auditing privileges.

I certify that the information in this application is true and complete in all respects and that I have withheld no information. I understand that misrepresentation, falsification of documents, or withholding of requested information regarding this application are serious offences and may result in prosecution under the University's Codes of Behavior and/or Criminal Code of California.

Student Signature: _____ **Date**: _____

FOR OFFICE USE ONLY

Instructor: _____ **Date**: _____

Academic Coordinator: _____ **Date**: _____

Accounting Manager *(if applied)*: _____ **Date**: _____

Please submit this form via e-mail to machm@dula.edu or dachm@dula.edu.