

## **AGREEMENT FOR AUDIT REGISTRATION**

| Student Profile  |                  |                |
|--|------------------|----------------|
| Legal Last Name  | Legal First Name | Student Number |
| Address/Phone  |                  |                |
| Course Information   |                  |                |
| Course Name & Number   | Secti            | tion           |
| Conditions of Registration (Instructor to complete, initial what is required of student) |                  |                |
| Attendance   |                  |                |
| Participation  |                  |                |
| Assignments  |                  |                |
| Other Requirements   |                  |                |
| Please indicate any other requirements:  |                  |                |
|  |                  |                |
|  |                  |                |
|  |                  |                |
| Student Signature  | Date             | ;e             |
| Instructor Printed name  | Date             | ;e             |
| Instructor Signature   |                  |                |