

COURSE AUDIT CARD

Date: _____

Student's Name: _____

Student ID Number: S0 _____

Course: _____ Sem./Yr. taken: _____
(Course & Section Number)

When submitting this form, it must come from **your SEMO email account**

Student Signature _____

Department Chair Signature _____

To obtain the second signature, save the pdf to your desktop and then email the form to the next individual for signing.

Registrar's Office Use Only

Entered by _____

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Registrar's Office
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