Bryant University

Request to Audit a Course Form

Student name:	Student ID:
Course Number (CRN): Section:	
Term:	
Course Title:	
Instructor Name: (Please print):	
Instructor signature:	Date:
Student signature:	

Office of the Registrar * (401) 232-6080 * fax (401) 232-6065 * registrar@bryant.edu * www.bryant.edu

"AU" (for audit).