



OFFICE OF THE REGISTRAR

950 P. Ocampo St. Malate, Manila, Philippines 1004

Phone No. (632) 8230-5100 loc.3322-3325

Email add.: registrar@benilde.edu.ph

APPLICATION FOR AUDIT COURSES

Student ID No.: _____

Date: _____

LAST NAME	FIRST NAME	M.I.	PROGRAM
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To the Registrar:

I would like to audit the following course/s for the _____ term, school year _____:

COURSES	SECTION	UNITS	TIME	DAYS	TEACHER
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

because _____

If my enrollment in the above course/s is/are approved, it is understood that I:

1. will attend classes;
2. may not be given examination by my professor/s;
3. cannot apply for course credit for the above audit course/s;
4. will duly inform teacher/s regarding my audit course; and
5. will obtain an "Audit" or "A" grade reflected in the Transcript of Records (TOR) after the trimester.

Conforme:

Student's Signature

Date

Parent's/Guardian's Printed Name and Signature

Date

Note to Students:
1. Accomplish Form in triplicate (distribution: Student, Faculty Member, Registrar).

Approved:

Program Chair's Printed Name & Signature

Date

Noted by: _____
Associate Registrar / Date

Processed by: _____
Enrollment Associate / Date