



Office of Admissions and Records
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A Member of the Texas State University System

Permit to Audit a Class

Name: _____ SID: _____

I request permission to audit: _____ Course Prefix _____ Course Number _____ Section _____

Student Signature: _____ Date: _____

Approval

Instructor: _____ Date: _____

Department Chair: _____ Date: _____

Registrar: _____ Date: _____

Business Services: _____ Date: _____