

Admissions and Records
1500 College Avenue
Elko, Nevada 89801
775.753.2102
FAX 775.753.2311



Audit Form

The following student has my permission to audit:

Name: _____

SS#: _____

or Assigned #: _____

Dept: _____

Course: _____ Section: _____

Fall: _____ Spring: _____ Summer: _____
Year Year Year

Instructor Signature: _____

Date: _____

*** See current class schedule for last date to change to audit.**

