

School: _____

College: _____

Application for Permission to Audit Classes

Part 1: To be completed by student

Family Name::

Given Names:

Subject Code Subject Title _____ Semester _____, 2020

Details of reason for applying to audit classes for the above named subject

I am a member of Castlemaine U3A

I wish to apply for permission to attend lectures and/or tutorials

Signature: _____ Date: ____/____/____

Part 2: To be completed by Course/Subject Coordinator

Permission is given by the _____ School for the above-named student to attend the following activities

Lectures	Yes	No	Tutorials	Yes	No
Laboratory Sessions	Yes	No	Practical/ Placement	Yes	No
Others (please specify) _____	Yes	No			

Signature: _____

Date: ____/____/____

Name: _____

Position: _____