

AUDIT STUDY APPLICATION FORM

FACULTY OF SCIENCES



PLEASE COMPLETE IN BLOCK LETTERS.

TITLE (Dr/Mr/Mrs/Miss/Ms/Other): _____ DATE OF BIRTH: _____

SURNAME: _____

GIVENNAME: _____

ADDRESS: _____

POST CODE: _____

EMAIL: _____

CONTACT PHONE NUMBER: _____

COURSE NAME	SEMESTER	COURSE COORDINATOR	COURSE COORDINATOR'S APPROVAL

STUDENT'S
SIGNATURE: _____ DATE: _____

Please email this form to faculty.sciences@adelaide.edu.au

Or lodge in person at the

Sciences Service Hub

Ground Floor Darling Building

University of Adelaide SA 5005

CONDITIONS

Approval by the course coordinator authorises attendance at lectures ONLY.

The fee for audit study is \$95 per semester-long course. An invoice will be emailed to you for payment.

Information regarding lecture times and venues will be provided by the course coordinator (or their delegate).

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Faculty Office Use Only		
Payment Received: \$	Signature:	Date:
Course Coordinator notified: Yes / No	Signature	Date: