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 fa	culty.sciences@	Dadelaide.edu.au	
Or lodge in person at the	, ,	•	

CONDITIONS

Sciences Service Hub

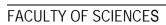
Ground Floor Darling Building University of Adelaide SA 5005

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:		