

Student's ID Number      School      Major      Last Name      First Name      MI

**MISSISSIPPI STATE UNIVERSITY  
AUDIT REQUEST FORM  
OFFICE OF THE REGISTRAR**

	<b>SYMBOL</b>	<b>NUMBER</b>	<b>SECTION</b>	<b>COURSE CODE</b>	<b>INSTRUCTORS</b>	<b>SIGNATURES</b>
<b>Audit</b>					Instructor's Printed Name	Advisor's Printed Name
					Instructor's Signature/Date	Advisor's Signature/Date
<b>Audit</b>					Instructor's Printed Name	Dean's Printed Name
					Instructor's Signature/Date	Dean's Signature/Date
<b>Audit</b>					Instructor's Printed Name	Official Audit Date Entered by Registrar
					Instructor's Signature/Date	

**INDICATE TERM**

**200**      **Fall**      **Spring**      **Other**

**201**

**202**      **Summer 1**      **Summer 2**      **Summer 10**