BRITE DIVINITY SCHOOL

PH.D. PROGRAM
AUDIT APPLICATION

NAME: _____

1. Course you wish to audit (title, course number, semester/year):
   (Brite will pay audit fees for up to two courses audited.)

   _____

   _____

2. Reason(s) for wanting to audit this course:

   _____

   _____

   _____

   _____

3. This is: **1st class audited** **2nd class audited** **audit class not paid by Brite**

   Student's Signature: _____ Date:_____

4. Signature of professor of record for the course and the Assistant Dean for Advanced Programs:

   a. I consent to have this student audit my class:

      _____ Date: _____
      Professor

   b. Concur:

      _____ Date: _____
      Assistant Dean for Advanced Programs

Note: This form is to be filed with the Assistant Dean for Advanced Programs