KSU College of Veterinary Medicine
Request for Permission to Audit DVM Curricular Courses

Date: ______________________

I, ________________________________, request permission to audit __________________________

_________________________  __________________________
Student Name                  Course

during the ________ semester of ________.

Semester  Year

_____ approve

Conditions of approval:

_____ do not approve

_________________________  __________________________
Course Instructor                  Date

_________________________

_____ approve

_____ do not approve

_________________________  __________________________
Department Head                  Date

_________________________

_____ approve

_____ do not approve

_________________________  __________________________
Dean                  Date

Return this form to: Office of the Associate Dean for Academic Affairs (101 Trotter Hall)