

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

Date:

I, \_\_\_\_\_, request permission to audit \_\_\_\_\_  
during the \_\_\_\_\_ semester of \_\_\_\_\_ .

\_\_\_\_\_ approve

Conditions of approval:

\_\_\_\_\_ do not approve

\_\_\_\_\_, Course Instructor and date  
\_\_\_\_\_

\_\_\_\_\_ approve

\_\_\_\_\_ do not approve

\_\_\_\_\_, Department Head and date  
\_\_\_\_\_

\_\_\_\_\_ approve

\_\_\_\_\_ do not approve

\_\_\_\_\_, Dean and date  
\_\_\_\_\_

Return this form to: Donna Springer (101 TrotterHall)