

COURSE AUDIT APPLICATION

Please email completed form and copy of law transcript to <u>lawadmissions@udmercy.edu</u>.

First Name:	Middle Initial:	Last Name:
Address:		
Date of Birth:	Social Security Number	er:
Email:	Phone:	
Race/Ethnicity (optional):		Gender (optional):
Select one:		
	y Law Alumnus uation:	_
□ Non-Alumnus Law School Attended:		Date of Graduation:
Course Audit Term: □ Fall	□ Winter □ Summer Year:	20
CRN: Title	e:	Professor:
Day(s):	Time:	Credits:

Auditors must possess a Juris Doctor to audit classes. Auditors will not receive academic credit for courses. All audits are subject to space availability in the class. A separate application must be completed for each course an auditor is seeking to audit. Course audit applications will remain open until a week before the start of a new term. The tuition is waived for Detroit Mercy Law alumni auditing a course; the tuition for non-alumni is the prevailing rate per credit hour.

Auditors agree to review the Detroit Mercy Law Student Handbook (<u>law.udmercy.edu</u> > students) and agree to obey all applicable rules.