Request for Audit
George Mason University School of Law

Student Name _____

G_____

Ph #: _____ E-mail: _____

Semester: _____ Class: __1D __1E __2L __2E __3E __3D __4E

Course Name _____ Course Number _____
CRN _____

Reason for audit status: _____
_____

Student Signature _____

Professor Signature _____

Director of Student Academic Affairs Signature _____

Request for Audit
George Mason University School of Law

Student Name _____

G_____

Ph #: _____ E-mail: _____

Semester: _____ Class: __1D __1E __2L __2E __3E __3D __4E

Course Name _____ Course Number _____
CRN _____

Reason for audit status: _____
_____

Student Signature _____

Professor Signature _____

Director of Student Academic Affairs Signature _____