



**FUQUA STUDENT
COURSE AUDIT PERMISSION FORM
Fuqua School of Business
Duke University**

Complete all the information and return this form to the Student Services Office.

Date of Request _____

Name: _____

Duke Unique ID # _____
(back of Duke Card)

Student ID# _____

Phone Number: _____

E-mail Address: _____

Locker Number: _____

Has permission to AUDIT the following course:

Course (subject code, number, section): _____

Instructor: _____

Course Title:

Term: _____

Signature of Fuqua Professor or Department representative

Do Not Write Below this line. Office use only

**

Class Number _____

Fuqua Registrar Approval