

PEPPERDINE UNIVERSITY

Graduate School of Education and Psychology

PETITION TO AUDIT A COURSE

ARE YOU A CURRENTLY ENROLLED GSEP STUDENT? Y N

TERM/YEAR COURSE No. COURSE TITLE

PETITIONER'S NAME ID NUMBER, IF STUDENT

PETITIONER'S ADDRESS

PETITIONER'S SIGNATURE DATE

FOR OFFICE USE ONLY

INSTRUCTOR'S APPROVAL DATE

AUDIT FEE PAYMENT DATE REGISTRATION OFFICE APPROVAL DATE
\$100 FEE NOT REQUIRED OF ENROLLED STUDENTS

THIS PETITION IS NOT APPLICABLE TO CLINICAL PRACTICUM COURSES

***PLEASE RETURN TO: GSEP REGISTRATION OFFICE
6100 CENTER DRIVE 5TH fl. LA, CA 90045***

1. REGISTRATION OFFICE
2. INSTRUCTOR
3. STUDENT