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

Date: _____

I, _____ , request permission to audit _____

                          Student Name   Course

during the _____ semester of _____ .

                    semester   Year

_____ approve

Conditions of approval:

_____ do not approve

_____ Course Instructor _____ Date

_____

_____ approve

_____ do not approve

_____ Department Head _____ Date

_____

_____ approve

_____ do not approve

_____ Dean _____ Date

Return this form to: Office of the Associate Dean for Academic Affairs (101 Trotter Hall)