

INSTRUCTOR NAME (PLEASE PRINT)

## SENIOR CITIZEN AUDIT REGISTRATION FORM

Present completed form to the Registrar Department by email at registrar@utk.edu

**INSTRUCTOR SIGNATURE** 

PHONE #   PHON	
CRN   Course Number/ Section   Course Title	
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By signing below, you agree you have read and understood these conditions:	
STUDENT SIGNATURE: DATE:	
INSTRUCTOR: Instructor approval is required for auditing any course. Instructor, please s	
below if permission is granted for the student listed above to audit the course listed on the	