



**DEPARTMENT OF HISPANIC STUDIES
AUDITING REQUEST**

All sections of this form MUST be completed

Name: _____ UIN: _____

Date Submitted: _____ Course Prefix and Section #: _____

Classification: _____ Classroom (Bldg/Room): _____

Semester: _____ Instructor: _____

Purpose/reason for auditing class:

If you are not currently enrolled as a student, please verify that you belong to one of the groups allowed to audit per the Texas Education Code (Sec. 54.365) such as senior citizens.

Yes, I am a senior citizen

No, I am not a senior citizen

Please sign to signify that you understand that as an auditor you must remain silent in the classroom and do not expect to participate or hand in work for grading.

Signature of Auditor

Instructor's Signature of Approval

Director of Undergraduate Studies or Department Head

**Return completed form to Zuleika Carrasco, Academic Advisor,
Department of Hispanic Studies, 107 Academic Building, 4238 TAMU**