



EDUCATING THE COMPLETE LAWYER

Office of the Registrar

STUDENT AUDIT REGISTRATION ELECTIVE COURSES ONLY

- Complete and submit form to lawregistrar@udmercy.edu
- Processing requires 2 business days
- Form deadline: before classes begin each Term
- Auditing is allowed based on space availability and faculty approval

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| T |
| Student Name |
| Student ID Number |

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|---------------------|
| Email |
| Phone Number |

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| First Term Attended Detroit Mercy Law |
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Term: ☐ Fall **Year: 20**_____

☐ Winter

☐ Summer

Course Requested:

| | | | |
|------------|--------------|------------------|----------------|
| CRN | Title | Professor | Credits |
|------------|--------------|------------------|----------------|

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|--|
| Student Signature (required for processing) |
| Date |

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|--|
| Faculty Signature (required for processing) |
| Date |

For office use only

Approved by: _____ Date: _____

Denied by: _____ Date: _____

Student Notified: ☐ Yes ☐ No