

# Auditing Form

Name: \_\_\_\_\_ U# \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Alumni \_\_\_\_\_ or Practicing Attorney: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Semester: \_\_\_\_\_

CRN # \_\_\_\_\_ Course Title: \_\_\_\_\_

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CRN # \_\_\_\_\_ Course Title: \_\_\_\_\_

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CRN # \_\_\_\_\_ Course Title: \_\_\_\_\_

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CRN # \_\_\_\_\_ Course Title: \_\_\_\_\_