

AUDIT REQUEST



Name: _____ Phone: _____

Street Address: _____

City/State/Zip: _____ E-mail: _____

Verified as Current ICL Member: _____ Date: _____

(ICL Director Signature)

	Crse Crn	Sub	No.	Sect/ Sess	Title	Cr Hr	Days	Time	Primary Instructor	FOR OFFICE USE ONLY	In?
1 st Course											
Alt. Choice											
2 nd Course											
Alt. Choice											

INSTRUCTIONS:

1. Complete the top portion of the form, including your name, address, telephone, and e-mail information.
2. Review the *Schedule of Classes* and fill in ALL of the information requested above for each course you would like to audit. If you have alternate selections, please list them in the line(s) marked "Alt. Choice".
3. Bring or send this form to the ICL office (Roosevelt University, 1400 N. Roosevelt Blvd, Room 130, Schaumburg, IL 60173) who will verify your membership in ICL by signing this form.
4. The ICL Staff Liaison will contact the instructor to obtain approval for your audit, subject to space availability.
5. The ICL office will notify you by telephone or e-mail of preliminary approval, but please do not go to the class until you have been contacted a second time, close to the first day of class, verifying that space is still available. *Please note:* No audit requests will be processed once classes have begun.
6. On your first day of attendance, please introduce yourself to the instructor as an ICL audit student.
7. ENJOY!!!

If you have questions regarding this form or the auditing procedure, please call 847/619-7288 or visit the ICL website: www.roosevelt.edu/icl.