Alhambra Medical University

Office of Admission: 25 South Raymond Ave., Suite 201, Alhambra, CA 91801
Tel: 626-289-7719 Fax: 626-289-8641

No. _____

COURSE AUDIT FORM

Please use ink (No pencil)

Name: _____ Student ID: _____
Last(姓) First (名) Middle

Address: _____
City State Zip Code

Email: _____ Contact Phone: (_____) _____ - _____

Registration Quarter: Year: _____ Winter Spring Summer Fall

========== **Audit Courses** ==========

Course No.	Course Title	Units	Day	Track C/E (Chinese/English)	Instructor
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
	Total Units	_____			

Student Signature: _____ Date: _____

Academic Dean Signature: _____ Date: _____

Registrar Signature: _____ Date: _____

Office Use Only

FEES: Others: $ _____ Application Fee: $_____

TUITION: Auditing $ _____ X _____ Units = $ _____

Total Fees: $_____

Payment received $ _____ Date: _____ Receipt # _____

Handled by : Date:

Revised: 05/2012