American University of Beirut
Registrar's Office
Auditing Course Form

Name _____ _____ _____ ID _____
Last First Middle

Mailing Address _____

_____

Telephone _____ Email _____

Gender ☐ Male ☐ Female

Nationality _____ Date of Birth _____ (DD/MM/YYYY)

Government Secondary School Certificate (or High School Diploma) held

Name of certificate _____ Date received _____

List of Colleges/Universities attended

Name of College/University	Degree/Diploma	Year of Graduation

Course to be audited _____

Instructor of the course ☐ Approved to attend ☐ Rejected

Name _____

Signature _____ Date _____

Cashier ☐ Paid

Name _____

Signature _____ Date _____

Registrar's Office

Received by _____

Signature _____ Date _____