



Elisabeth Haub School of Law

## Auditing Form

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

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

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

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

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

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

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

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