



JOHNS HOPKINS
UNIVERSITY

SAIS SUMMER PROGRAMS
AUDIT FORM

Date: _____		
First Name	Middle Name	Last Name

Course Number	Course Title	Instructor Name

This student has my permission to audit the above course during the summer 2008 term.
The student must attend all class sessions and complete the additional requirements described below:

This form is due by Tuesday, June 24, 2008.

Note that once changed from credit to audit, the course status cannot be reverted to credit.

Instructor's Signature _____ Date _____

Print name _____

Language Coordinator's Signature (if applicable) _____ Date _____

Student's Signature _____

Submit this form to:

Office of Summer Programs
1740 Massachusetts Ave., N.W., Room 403
Washington, D.C. 20036
202.663.5671 / 202.663.5670 fax
sais.summer@jhu.edu

www.sais-jhu.edu/nondegree/summer