



JOHNS HOPKINS
U N I V E R S I T Y

**SAIS SUMMER PROGRAMS
CHANGE TO CREDIT FORM**

Date: _____		
_____	_____	_____
First Name	Middle Name	Last Name

Course Number	Course Title	Instructor Name

This student has my permission to change the audit status of the above course to credit for the current summer term.

Instructor's Signature _____ Date _____

Print name _____

Student's Signature _____

This form is due by Tuesday, July 15, 2008.

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

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