American University of Beirut  
Registrar’s Office  
Auditing Course Form

Name: ___________________________  ___________________________  _______________ ID ______________
    Last               First                Middle

Mailing Address


Telephone: ______________  E-mail address____________________________

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:

<table>
<thead>
<tr>
<th>Name of College/University</th>
<th>Degree/Diploma</th>
<th>Year of Graduation</th>
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Course to be audited:  __________________________________________________________

Instructor of the course:  [ ] Approved to attend  [ ] Rejected

Name__________________________

Signature______________________  Date____________________

Cashier:  [ ] Paid

Name__________________________

Signature______________________  Date____________________

Registrar’s Office

Registered by: ____________________________

Signature______________________  Date____________________