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:

Name of College/University	**Degree/Diploma**	**Year of Graduation**

Course to be audited: _____

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Instructor of the course: ☐ Approved to attend ☐ Rejected

Name_____

Signature_____ Date_____

Cashier: ☐ Paid

Name_____

Signature_____ Date_____

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Registrar's Office

Registered by: _____

Signature_____ Date_____