



Elisabeth Haub School of Law

Auditing Form

Name: _____ **U#** _____

Address: _____

Phone #: _____

Alumni _____ **or Practicing Attorney:** _____

Signature: _____ **Date:** _____

Semester: _____

CRN # _____ **Course Title:** _____

CRN # _____ **Course Title:** _____

CRN # _____ **Course Title:** _____

CRN # _____ **Course Title:** _____