

Andrews University

J.N. Andrews Honors Program

PERMISSION FOR HONORS AUDIT

Semester _____

With your permission , _____ is eligible to honors audit your
(Student's Name)

class, _____ and pledges to attend at least 80% of class periods or
(Class Name)

withdraw. We hope the experience will be mutually beneficial.

Dr. L. Monique Pittman
Honors Director

I approve of this student auditing my class: _____
(Teacher Signature)

Each Scholar may audit one course tuition-free per semester, but Honors Audits are not available for individual lessons and some other classes. THIS SLIP MUST BE SUBMITTED with the Drop-Add form and any other registration materials to the Registrar's Office during regular registration, using "HN" instead of credit hours.