Education Experience

Name: _____
First Maiden Last

Address: _____

Telephone: ( ) ____–_____ Date of Birth: ___/___/_____ Year of Graduation: _____

Program: Undergraduate___ Graduate___

Class Information

Course Title: _____

Professor: _____

Department in which course is offered: _____

Semester: Fall___ Spring ___ Summer I ___ Summer II ___

Auditing Procedure:

1. Request the professor's permission to audit the course via e-mail.
2. Complete this form.
3. Forward professor's consent via email to **ugadm@simmons.edu** and return this form to the Office of Undergraduate Admission either in person, by mail, or via e-mail.
4. Mail a $250 check made payable to:

   Simmons University
   Office of Undergraduate Admission
   300 The Fenway, Suite W-102
   Boston, MA 02115

Please note:

- No record of alumnae/i auditing a course will be kept by the Registrar or the instructor.
- Alumnae/i may not audit courses from another college in The Colleges of the Fenway.
- Alumnae/i may not change from auditing a course to taking a course for credit.
- Audit fees are nonrefundable.

Signature

By signing here, you agree to the price, terms, and conditions of auditing this course as a Simmons Alumnae/i.

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