



**ALUMNI AUDIT REGISTRATION**

FULL NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

CURRENT ADDRESS:

\_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

YEAR OF NBTS GRADUATION: \_\_\_\_\_ DEGREE: \_\_\_\_\_

**NOTE: ALUMNI CAN AUDIT ONE MASTER'S COURSE PER SEMESTER (FALL AND SPRING SEMESTERS) FOR THE REDUCED CHARGE OF \$250.00 PER COURSE. APPROVAL OF THE INSTRUCTOR IS REQUIRED. THE REGISTRAR WILL CONTACT THE INSTRUCTOR BEFORE ENROLLING THE STUDENT. STUDENTS DO NOT NEED TO COMPLETE ASSIGNMENTS AND THERE IS NO COURSE CREDIT AWARDED. THE COURSE WILL APPEAR ON THE STUDENT'S TRANSCRIPT AS AN AUDIT.**

COURSE NUMBER	COURSE TITLE	INSTRUCTOR

**TUITION FOR COURSE + STUDENT SUPPORT SERVICES FEE: \$250.00**

**SIGNATURE:** \_\_\_\_\_

BY SIGNING ABOVE, I UNDERSTAND THAT I AM BOUND TO PAY THE TUITION AND FEES AS LISTED IN THE STUDENT HANDBOOK. I AM ALSO BOUND TO READ THE ACADEMIC POLICIES AND ADHERE TO THEM.