



NYU

Global
Programs

NYU Global Programs Course Auditing Contract

Site: _____

Semester / Year: _____

1. STUDENT INFORMATION

FACULTY INFORMATION

Name: _____

Name: _____

Phone: _____

E-mail: _____

Campus ID: _____

SITE ADMINISTRATOR INFORMATION

E-mail: _____

Name: _____

2. COURSE INFORMATION

Phone: _____

Course Title: _____

E-mail: _____

Course ID: _____

3. EXPECTATIONS FOR AUDITOR PARTICIPATION:

I have agreed to allow the above named student to audit the stated class.

FACULTY SIGNATURE

Date

I completely understand and agree with the terms of this contract.

STUDENT SIGNATURE

Date