ST. CATHERINE UNIVERSITY
ALUMNAE AUDIT PROGRAM APPLICATION

St. Catherine University offers an educational benefit to alumnae to encourage continuing learning and educational enrichment. Graduates of St. Catherine who have earned a bachelor's degree, master's degree, 2nd major or graduate certificate from the institution are eligible to audit one undergraduate bachelor's level class per academic year for $70. All required books, lab and supply fees must be paid in full by the student. Students dropping courses must notify the Office of the Registrar in writing. Non attendance does not constitute withdrawal.

TO APPLY FOR THE ALUMNAE AUDIT PROGRAM, PLEASE COMPLETE THE FOLLOWING STEPS:

Steps to Apply for the Alumnae Audit Program

1. **Choose your class**
   Information about courses and registration dates are available online at the Office of the Registrar.
2. **Obtain written permission from instructor**
   You must have written permission from the instructor to audit a class. Electronic mail or written note from the professor to the Office of the Registrar is acceptable. Audit spaces are limited and permission to audit is granted at the discretion of the instructor (certain courses within various departments may not be subject to audit).
3. **Fill out application and verify alumnae status**
   Stop by the Alumnae Relations Office, 405 Derham Hall, to verify your alumnae status and complete the Alumnae Audit Program application. You may also download the application form, or call (651) 690-6666 to have the forms sent to you.
4. **Register**
   Go to the Office of the Registrar, 229 Derham Hall, to fill out a Student Registration Form and submit with your completed Alumnae Audit Program application. Submit forms no later than the first day of classes for the term in which the discount is requested. Late applications will not be approved for payment. You must submit a new application each academic year that you wish to take advantage of the Alumnae Audit Program.

NAME_____
LAST FIRST MAIDEN

ADDRESS_____

_____
CITY STATE ZIP

EMAIL_____**PHONE**_____

DATE OF GRADUATION_____
MONTH YEAR

INDICATE TERM DISCOUNT IS REQUESTED (CHECK ONE ONLY).

__ FALL SEMESTER 20__
__ SPRING SEMESTER 20__
__ SUMMER 20__

INDICATE DEPARTMENT, NUMBER AND NAME AND INSTRUCTOR OF COURSE YOU WANT TO AUDIT.

_____
Course Department / Number Course Name Course Instructor

_____

FOR OFFICE USE ONLY – ALUMNAE VERIFICATION

STUDENT ID#_____

SIGNATURE_____ DATE_____