

When submitting the form, the **email must come from your Southeast email account.**

Office of the Registrar	Southeast Missouri State University
COURSE AUDIT CARD Date: _____	
Student's Name: _____	
Student ID Number: S0 _____	
Course: _____ Sem./Yr. taken: _____ <small>(Course & Section Number)</small>	
Student Signature _____	
Department Chair Signature _____	

To obtain the second signature, save the pdf to your desktop and then email the form to the next individual for signing.

Registrar's Office Use Only
Entered by _____