



**THE GRADUATE SCHOOL**  
*of the* COLLEGE OF CHARLESTON

**PERMISSION TO AUDIT**

**STUDENT NAME** \_\_\_\_\_ **SSN** \_\_\_\_\_

**TERM:** Fall 20 \_\_\_\_\_ Spring20 \_\_\_\_\_ Maymester20 \_\_\_\_\_ May Evening20 \_\_\_\_\_  
Summer I Day 20 \_\_\_\_\_ Summer Evening 20 \_\_\_\_\_ Summer II Day 20 \_\_\_\_\_

DEPT.	NUMBER	SECTION	TITLE

**Professor's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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☞ Initial of GSO staff who forwards a copy of this form to the Registrar's Office  
after class has been entered into the computer: \_\_\_\_\_ Date: \_\_\_\_\_