



AMERICAN  
UNIVERSITY  
OF BEIRUT

Office of the Registrar  
Auditing Course Form - For non AUB students

Name: \_\_\_\_\_ ID \_\_\_\_\_  
Last First Middle

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail address \_\_\_\_\_

Gender: ☐ Male ☐ Female

Nationality: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (DD/MM/YYYY)

**Government Secondary School Certificate (or high school diploma) held:**

Name of certificate \_\_\_\_\_ Date received: \_\_\_\_\_

**List of Colleges/Universities attended:**

Name of College/University	Degree/Diploma	Year of Graduation

**Course to be audited:** \_\_\_\_\_

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**Instructor of the course:** ☐ Approved to attend ☐ Rejected

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Cashier:** ☐ Paid

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Registrar's Office**

Registered by: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_