Bowdoin College

Course Audit Request Form

The following audiences should use this form to request to audit:

Bowdoin student, Bowdoin employee, Bowdoin employee spouse, High school student

Student Information

Student name: _____

Student address: _____

Student email address: _____

Bowdoin Student ID#_____   *Employee ID#_____

High School Student AU#_____   *Employee Spouse AU#_____
(assigned by Office of the Registrar)   *(assigned by Office of the Registrar)*

Course Information

Semester: _____   Subject & course number: _____

Course Title: _____

Instructor name (printed): _____

Instructor signature: _____

If applicable, subject and course number for lab required with course: _____

Lab instructor name (printed): _____

Lab instructor signature: _____

*Please note! Bowdoin employees and employee spouses must choose a course from the approved course list for auditing.

Office of the Registrar
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registrar@bowdoin.edu