

ADLAI E. STEVENSON HIGH SCHOOL

AUDIT REQUEST

NAME _____ ID NUMBER _____ GRADE _____

COURSE NAME _____ SEM 1 SEM 2

REASON FOR REQUEST

- Students must speak with their counselor prior to making an appointment with the director to discuss the audit request.
- Students must return the completed form to their counselor for final approval by the 10th day of the semester.
- The counselor will e-mail notification of the final approval to the teacher and data processing.
- Audited classes do not apply toward an athletic or academic waiver for physical education.

STUDENT SIGNATURE _____ DATE _____

PARENT SIGNATURE _____ DATE _____

TEACHER SIGNATURE _____ DATE _____

Recommend: Yes/ No

DIRECTOR SIGNATURE _____ DATE _____

Approve: Yes/No

COUNSELOR SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY: Processed on _____ Initials _____