



RECORDS OFFICE

200 McAllister Street • San Francisco, CA 94102 • office (415) 565-4613 • records@uchastings.edu

PERSONAL INFORMATION

Auditing Term: [] FALL 20 [] SPRING 20 [] SUMMER 20

Legal Name SSN or UCH Hastings ID

Preferred Name Date of Birth (Day/Mo/Yr):

Race/Ethnicity Email Address

[] Prefer not to disclose

HOME ADDRESS

BUS ADDRESS

CELL PHONE ()

BUS PHONE ()

EMERGENCY CONTACT INFORMATION

Contact Name Relationship Phone (area code) xxx-xxxx

I AM APPLYING AS A:

[] Member of the California Bar CA Bar ID # [] UC Hastings Graduate Graduation Month & Year

[] UCSF Student/Resident/Physician [] Other:

Table with 4 columns: AUDIT COURSE #, TITLE, INSTRUCTOR, UNITS

COURSES

I certify that the statements in this application are true and complete to the best of my knowledge and I agree to pay the fees.

Signature: Date:

Records Office Use Only

Date Received Initial Asst. Dean of Students Approved: [] Yes [] No

Date Processed Initial Date Approval/Denial Emailed:

[] Student File Created [] Hold Created [] Staff emailed re: New Auditor (& Canvas)