



H A R V A R D | B U S I N E S S | S C H O O L

# HBS Cross-Registration Audit Form

The deadline to change to auditor status is Friday, February 13<sup>th</sup>.

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

I would like to switch to auditor status for the following course(s).

1) COURSE NUMBER WITH SECTION: \_\_\_\_\_ - \_\_\_\_\_

Course Name: \_\_\_\_\_

Faculty Signature \_\_\_\_\_

2) COURSE NUMBER WITH SECTION: \_\_\_\_\_ - \_\_\_\_\_

Course Name: \_\_\_\_\_

Faculty Signature \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_

DATE (required): \_\_\_\_/\_\_\_\_/\_\_\_\_