

Application for Auditor

※整理番号	
※聴講生番号	

College you wish to apply	<input type="checkbox"/> College of Asia Pacific Studies <input type="checkbox"/> College of International Management		Date of Birth	Y / M / D		Date of Application	Y / M / D				
Name						<input type="checkbox"/> Male <input type="checkbox"/> Female	If any, put the name of college which you attend.				
Present Address							TEL	FAX			
Education	High School	Institution _____					<input type="checkbox"/> Graduated <input type="checkbox"/> Withdrawal				
	University/ College	Institution _____		College _____	Dept. _____	Major _____	<input type="checkbox"/> Graduated <input type="checkbox"/> Withdrawal				
	Graduate School	Institution _____		College _____	Dept. _____	Field _____	<input type="checkbox"/> Completed <input type="checkbox"/> Withdrawal <input type="checkbox"/> Coursework Completed				
Occupation	Company	Occupation _____		Status	<input type="checkbox"/> Full-time Worker <input type="checkbox"/> Part-time Worker		TEL	Ext. _____			
	Location										
Emergency Contact	Name					Relationship					
	Address							TEL	Ext. _____		
Study at APU	<input type="checkbox"/> Part-time Student (A/B) Year _____ College _____ Subject _____ No. of Credits _____						Photo 2.5cm×3cm taken within the last 3 months				
	<input type="checkbox"/> Auditor <input type="checkbox"/> Part-time Student Year _____ College _____ Subject _____ No. of Credits _____										
I hereby request permission to become an "auditor" at APU, as per written below.											
Reasons you wish to audit the class(es)											
Class(es) for audit											
Subject (Class)		Credits	Day	Period	Instructor	Subject (Class)		Credits	Day	Period	Instructor
Total Subjects:		Credits:		Fee		※納入期日		年 月 日 □			

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所見																
判定	許可	不許可		許可単位数				科目				単位				
許可日	年	月	日	期間	年	月	日	～	月	日	日	受付				
	許可科目確認	履修科目登録	聴講生証	学籍番号付番	学籍照合	手続確認	許可通知	許可者名簿	出願合否入力	審議	出願者名簿	聴講等 学費請求先入力	現住所入力	出願者入力	願点検	証紙確認