

※整理番号	
※聴講生番号	

Application for Auditor

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						
							e-mail						
Education	High School	Institution						<input type="checkbox"/> Graduated					
	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			
	Location							TEL					
								Ext					
Emergency Contact	Name					Relationship							
	Address							TEL					
								Ext					
Study at APU	Year	College	<input type="checkbox"/> Auditor <input type="checkbox"/> Part-time Student (A/B)		Subject	No. of Credits		Photo 2.5cm×3cm taken within the last 3 months					
	Year	College	<input type="checkbox"/> Auditor <input type="checkbox"/> Part-time Student (A/B)		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
<i>Total</i>	Subjects:		Credits:			Fee			※納入期日		年 月 日 □		

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	～	年	月	日							受付
																		課長
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	