



INDIANA UNIVERSITY

SCHOOL OF EDUCATION
Department of Counseling and
Educational Psychology
Bloomington

**Registrar's Office
Franklin Hall 111
Indiana University
Bloomington Campus**

Dear Registrar:

_____ has
(Student Name) (10 digit IU ID number)

my permission to audit _____ section # _____. If

you have any questions please call me at the department number listed below. Thank you.

Sincerely,

Professor's Name Printed

Professor's Signature