



REQUEST TO AUDIT LL.M. in ELDER LAW CLASSES

NOTE: Attorneys who wish to audit a class must complete this form and receive permission from the Director of the LL.M. in Elder Law Program.

Name: _____ Date: _____

State of admission: _____ Date of admission: _____

Bar number: _____ Status of Bar admission: _____

Course(s) to be audited

Semester: Fall ___ Spring ___ Year: _____

I understand that if I subsequently decide to seek the LL.M. in Elder Law, I do not receive credit for the course(s) audited. If approval to audit is granted, I understand I will be charged \$1,000 per credit hour as an audit fee. Although I will not be required to take any final exam or write any seminar paper, I will be expected to participate in any projects and class discussions

Signature of Attorney

Submit completed form to
Stetson University College of Law – Center for Excellence in Elder Law
1401 61st Street South • Gulfport, FL 33707-3299
Email: elderlaw@law.stetson.edu • Web: www.stetson.edu/elderlaw

___ Approved ___ Denied

Signature of Director of LL.M. Program