



ALBUKHARY INTERNATIONAL UNIVERSITY

COURSE AUDIT FORM

Name	
Student's Id	
School/Centre	
Programme	
Year/ Semester	
Name of Advisor	

No	Course code	Course Name	Credit hours	Gred	Status

PREPARED BY:

CHECKED BY:

Advisee's Signature:

Advisor's Signature:

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Name:.....

Name:.....

Date:

Date: