

REQUEST TO AUDIT A COURSE

Please Type or Print Clearly:

Student Information:

Banner ID: _____

Student Last Name: _____ First Name: _____ Middle Initial _____

Student ASU Email: _____ Phone Number: _____

Course Information:

Term: Fall Spring Summer I Summer II Year: _____

Course Prefix: _____ Course Number _____ Section Number _____ Credit Hours _____

I am requesting to audit a course for the selected term above and certify that understand the following:

1. University policy requires a student who audits a course to pay regular tuition and fees, and be regular in attendance. Senior citizens age 65 or older who have been approved to audit a course pursuant to General Statute 115B-2.2 will have their tuition and fees waived.
 2. An audited course does not count in earned hours toward graduation.
 3. Changing a course from credit to audit could affect my status as a full-time student.
 4. An audited course does appear on the academic transcript.
 5. I must receive the approval of the instructor of the above course (see signature block below).
 6. Graduate Students may not audit a course that is part of their Program of Study
 7. Audit hours will not be used when determining your enrollment status for financial aid.
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Required Signatures:

Student Signature: _____ Date: _____

Instructor Signature: _____ Date: _____

Dean's Office: _____ Date: _____

Registrar's Office _____ Date: _____

Reg Office Use Only

Remove AU:

SRC Check: