REQUEST TO AUDIT A COURSE

Student’s Name: ______________________________

Student Identification Number: __________________________

Department Name: ________________________________

Course Number: ________________________________

Section Number: ________________________________

Academic Term/Year: ________________________________

I understand the following:

1) University policy requires a student who audits a course to “. . . pay regular tuition and fees, and be regular in attendance . . . “

2) An audited course does not earn hours toward graduation.

3) Changing a course from credit to audit can affect my status as a full-time student.

4) An audited course appears on the academic transcript and grade report.

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.

Instructor’s Signature: ________________________________
Date: ________________________________

Student’s Signature: ________________________________
Date: ________________________________

*Required after the first 5 days of class

Dean's Office Signature: ________________________________
Date: ________________________________

Registrar’s Office: ________________________________
Date: ________________________________

Office Use Only

Remove
AU Option