



Audit Course Request Form

Student Name: _____ **Student ID/SSN#:** _____

Program: _____ **Phone Number:** _____

Select One: _____ **Summer** _____ **Fall** _____ **Spring** **Year** _____

Audit Information

CRN _____ **Course Prefix & Number** _____

Auditing is presence in the classroom without receiving academic credit, a pass/fail or letter grade. The extent of a student's participation must be arranged and approved by the course instructor. A student wishing to audit a course is required to obtain permission of the course instructor and return this form to the Office of the Registrar. A student is not permitted to change from audit to credit or from credit to audit after registering for the class. Courses taken on an audit basis may not be used for certification of enrollment for any form of financial aid or other benefits. Students are required to pay regular tuition and fees, and are subject to the same instructional requirements as other students in the class.

Students auditing classes are NOT eligible for financial aid.

I have read and understand the policies regarding auditing a class.

Student Signature: _____

I give permission for the above mentioned class to be audited by this student.

Instructor's Signature: _____

Please return this form to the Office of the Registrar for processing.

Registrar Use Only

Date Processed: _____ Processed by: _____