

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).

Instructor's Signature: _____

Date: _____

Student's Signature: _____

Date: _____

Registrar's Office: _____

Date: _____

Office Use Only	
Remove AU Option	