

APPLICATION TO AUDIT A COURSE(S)

This completed form **MUST** be uploaded along with a **valid PHOTO ID** to the [Registrar's secure portal](#). Printed out forms **WILL NOT** be accepted in person or through email.

Name: _____
Last Name _____ First Name _____

Semester: _____ Spring _____ Summer _____ Fall _____ Winter 20_____

Course	Number	Section	Code
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Conditions for Auditing a Course(s):

1. Application to Audit Course(s) **MUST** be submitted at time of registration.
2. Student will be required to pay all tuition and fees associated with course(s).
3. Student will be assigned a grade “**AUD**” for course(s) listed on this application.
4. Student **WILL NOT** receive degree credit.
5. The grade of “**AUD**” **MAY NOT** be rescinded at any time.
6. Student will not receive financial aid for the course(s).

I understand and agree to the conditions listed above regarding auditing the course(s) on this application.

Student Signature _____ **Date** _____