Application for Audit - Office of the Registrar

Luther College, Decorah, Iowa

NAME	ID#	DATE
E-MAIL ADDRESS	SPO	PHONE

YEAR IN SCHOOL: (circle one) Senior Junior Soph. Fresh. Special Term_____

(Limited to one course per term)

I wish to audit _____, subject to the provisions indicated below, approved by the instructor.

_____ Take no examinations
_____ Attend classes regularly
_____ Submit papers
_____ Submit written assignments
_____ Other _____

I understand that I will not receive credit for this course. It will, however, appear on my transcript as AU (Audit; class attendance with no credit).
I also understand that I must have a cumulative GPA of 3.00 or above to audit a course. My GPA is _____.

There is no charge to full-time students for auditing a course. The audit fee for part-time students and area residents is $100.00.

_____

Student's signature ID# Class Date

Application approved by_____

Instructor's signature Date

_____

Registrar's signature Date

Audit 02/03