

APPLICATION TO AUDIT A COURSE

NAME	ID#	DATE
E-MAIL ADDRESS	SPO	PHONE

YEAR IN SCHOOL: (circle one) Senior Junior Soph. Fresh. Special
 Term (circle one) Fall January Spring Summer I Summer II

I wish to audit _____, subject to the provisions indicated below,
(course number & name)
 approved by the instructor.

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

Full-time, degree seeking students:

I understand that I must have a cumulative GPA of 3.00 or above to audit a course. My GPA is _____. Students with no Luther GPA are not be eligible to audit. There is no fee for full-time Luther students.

Part-time, non-degree seeking students:

The **non-refundable** audit fee for part-time students and area residents is \$250.00, plus any additional fees required for the course (i.e., music lesson charges, specific course fees, etc.).

Audit registration occurs on the first day of classes by the Registrar's Office, if space is available in the course. You should not enroll yourself in a class you intend to audit. Only one audit per term will be approved.

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).

_____ Student's signature	_____ ID#	_____ Date
Application approved by _____ Instructor's signature		_____ Date
_____ Registrar's signature		_____ Date