APPLICATION TO AUDIT A COURSE

NAME				ID#		DATE
E-MAIL ADDRESS				SPO		PHONE
YEAR IN SCHOOL: (circle one)	Senior	Junior	Soph.	Fresh. Spe	cial	
Term (circle one)	Fall	January	Spring	Summer I	Summer II	
I wish to audit			, subject to the provisions indicated below,			
Take no examinationsAttend classes regularlySubmit papersSubmit written assignmentsOther						

Full-time, degree seeking students:

Part-time, non-degree seeking students:

The **<u>non-refundable</u>** audit fee for part-time students and area residents is \$270.00, 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).

ID#

Date

Date

Application approved by_

Instructor's signature

Registrar's signature

Date