



# Audit Agreement

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Course #: \_\_\_\_\_ Section #: \_\_\_\_\_ Sem./Yr.: \_\_\_\_\_

Course Name: \_\_\_\_\_ Instructor's Name: \_\_\_\_\_

**Please note:**

- *Registration procedures and fees for an audited class are the same as those for both credit and non-credit enrollment.*
  - **Persons 65 or older** are eligible for a senior citizen audit tuition waiver. Please check here  if you are claiming this waiver. Verification of date of birth will be required at the time of submission.
- *The hours of an audited course will be included in a student's class load and will be subject to overload restrictions.*
- *Certain courses may be designated as 'not appropriate' for audit. Non-credit courses may not be audited without permission from the appropriate dean.*

I hereby request that my enrollment status in the above named class be changed to "audit." I understand and agree to the following:

- 1) College credit will NOT be granted for this course, and my grade will reflect an AU on my college transcript. It may NOT be converted to a letter grade.
- 2) As the student, it is my responsibility to obtain the instructor's signature prior to the start of the term or at the first class meeting.
- 3) It is my responsibility to submit this agreement to the registration office at any campus before the section census date, as found in the course syllabus.
- 4) I understand by requesting an audit grade, I must adhere to the instructor's classroom policies.

Students' Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Registration Office Use Only**  
Do not Write in space below.

Accepted by: \_\_\_\_\_

Date Accepted: \_\_\_\_\_

DOB Verification Source: \_\_\_\_\_

Receipt of this form in the Registration Office by the deadline and with all necessary signatures constitutes official confirmation of audit status.

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