



**Registrar's Office**  
*Request to Audit a Course*

**Policy Governing Auditing a Course**

To audit courses, applicants must be eligible to enter the University as regular, visiting, or special students. They must obtain permission of the instructor, the director of the program in which the course is taught, and the dean of the division in which they are enrolled. Students may not audit a laboratory-type or activity course. Tuition fees will be assessed for courses audited, but credit will not be given. An audit may not be changed to credit after completing the course. The semester course load is inclusive of audited courses.

**Semester:** ☐ Fall ☐ Spring ☐ Summer I ☐ Summer II ☐ Summer III **Year:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **SUSLA ID#** 9000  
*Last First Middle*

**Phone:** \_\_\_\_\_ **SUSLA Skymail (Email):** \_\_\_\_\_ **@skymail.susla.edu**

**I request to audit the course(s) listed below:**

CRN	Course Prefix	Course Number	Section Number	Credit Hours

**Acknowledgements:**

- I understand that I will not take examinations for the course(s) listed above.
- I understand that I will be assessed the tuition and fees for the course(s) listed above.
- I acknowledge that auditing a course may affect financial aid and scholarship eligibility. I will contact the Office of Financial Aid to discuss my decision to audit a course and the possible impact on my financial aid.
- I understand that this form must be submitted to the Registrar's Office **no later than the last date to add a class (12<sup>th</sup> class day for Fall and Spring/5<sup>th</sup> class day for Summer) for the semester specified above.**
- I acknowledge that I understand the terms governing the request to audit a course as outlined above.

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**Program Director's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Academic Dean's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_