REQUEST FOR AUDIT STATUS
MODIFICATIONS CANNOT BE MADE AFTER THE DEADLINE

DEADLINES FOR 2020-2021

<table>
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<th>Term</th>
<th>Start Date</th>
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<td>FALL TERM 2020</td>
<td>SEPTEMBER 21</td>
<td>SPRING TERM 2021</td>
<td>MAY 17</td>
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<td>WINTER TERM 2021</td>
<td>FEBRUARY 8</td>
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<td>JULY 13</td>
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<td>SPRING/SUMMER 2021</td>
<td>MAY 24</td>
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DO NOT fill out this form if you are a GRADUATE STUDENT, in RC or Honors, or enrolled in another College, even if the class you want to audit is in LSA. Please contact the advising center of your program.

What is an Audit?

An official audit obligates a student to attend classes regularly and complete all course requirements (e.g., papers, laboratory assignments, tests, and the final examination). The notation VI appears on the record; no grade is posted and no degree credit is earned. Students who do not fulfill course requirements earn the grade ED to indicate the course was unofficially dropped, in this case, the grade point average remains unaffected. The Academic Standards Board will evaluate audit requests. The Registrar’s Office charges tuition for officially audited courses.

Instructions: Complete this form.
Obtain an override from the instructor if the course is closed.
Send the completed form to academic.standards@umich.edu.

TO THE STUDENT

Printed Name___________________________ UMID#

Uniqname (e-mail)___________________________ Phone____________________________

Course you wish to audit ________/____________________/________/_______/_______/_________
(Class #) (Subject) (Catalog #) (Section #) (Section #) (Term &Year)

I assume responsibility for all course requirements and understand that I will not receive any credit for this course. The course will be listed on my transcript as VI. If I need credit for this course in the future, I must register for it again and do the coursework during that term.

______________________________________________
(Student’s Signature)

TO THE INSTRUCTOR

I have given permission for the student listed above to audit my class. He/She will be responsible for all coursework and exams.

Instructor’s Signature: __________________________ Date: __________________________

Instructor’s Printed Name: __________________________ E-mail: __________________________

Office Use Only

Approval Stamp