REQUEST FOR AUDIT STATUS
MODIFICATIONS CANNOT BE MADE AFTER THE DEADLINE

DEADLINES FOR 2019-2020

FALL TERM 2019: SEPTEMBER 23  
SPRING TERM 2020: MAY 18  
WINTER TERM 2020: JANUARY 28  
SUMMER TERM 2020: JULY 14

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.
Return the completed form to the Newnan LS&A Academic Advising Center, 1255 Angell Hall.

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

Date Received

Approval Stamp

McCullum/dept/form/request for audit status/9-17