

## REQUEST FOR AUDIT STATUS

MODIFICATIONS CANNOT BE MADE AFTER THE DEADLINE

### DEADLINES FOR 2022-2023

FALL TERM 2022:	SEPTEMBER 19	SPRING TERM 2023:	MAY 15
WINTER TERM 2023:	JANUARY 24	SUMMER TERM 2023:	JULY 11

**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# \_\_\_\_\_

Uniquname (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