AUDIT FORM

NAME: _________________________________________  I.D. NUMBER:____________________________

SEMESTER: ________________________  YEAR: ____________________  DATE: ___________________

<table>
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<th>Course Reference Number</th>
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INSTRUCTOR’S SIGNATURE: _______________________________________________________

Signature indicates agreement concerning course work requirements

Audit Information

Intent to audit a course requires the written approval of the instructor and must be filed in the Office of the Registrar prior to the third week of the semester (or equivalent deadline for accelerated courses). Auditors receive no grade or credit for the course(s), and courses taken on an audit basis do not affect the student’s Grade Point Average or apply towards any graduation requirement.

Full Time students: a minimum of 12 credits (for Undergraduates) and 9 credits (for Graduates) in addition to courses audited is required to maintain Full Time status.

I have read and understand that changing my course registration status to “AUDIT” will prevent me from ever obtaining credit for the Audited class.

STUDENT’S SIGNATURE: _______________________________________________________

Signature indicates mutual agreement concerning course work requirements

Revised 11/06