REQUEST TO AUDIT A COURSE
Office of the Registrar - University of Central Arkansas

(* REQUIRED) PLEASE PRINT ALL INFORMATION. Incomplete forms cannot be processed.

*Name:___________________________________________*ID #: B_____________________________

*TERM: FALL, SPRING, SUMMER_________________ year

*CRN #:______________*Dept: _____________*Course #: ____________________________

NOTE:
____ 1. Permission of the instructor is required to audit a course. Submit this completed approval form to The Office of the Registrar not later than the last date to add a class for the specified term or part of term.

* For Approval: Signature of Instructor Date
* Instructor Name (print)

____ 2. Registration in the course is required before this form can be processed. __________ Initial

____ 3. Changes from “CREDIT” to “AUDIT” or “AUDIT to “CREDIT” must be made within the late registration period as a drop/add. __________ Initial

____ 4. As an auditor, the student does not take examinations or receive credit. __________ Initial

____ 5. An auditor must comply with the attendance requirements of the instructor. __________ Initial

____ 6. Fees apply to an audited course, same as a regular credit one. __________ Initial

* Signature of Student Date

FOR OFFICE USE ONLY:

☐ entered on system

☐ returned for APPROVAL OF INSTRUCTOR__________

By:_________________________ Date:_________________