

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

Return to:

*Office of the Registrar
Harrin Hall, Suite 224
University of Central Arkansas
Conway, Arkansas 72035-0001*

FOR OFFICE USE ONLY:

entered on system

returned for APPROVAL OF INSTRUCTOR _____
Date

By: _____ Date: _____