Office of Academic Services and Registrar
504 College Drive
ACAD Bldg., Room 283
Albany, GA 31705
Office (229-430-4638) ♦ Fax (229-430-2953)

Complete the REQUEST TO AUDIT A COURSE form in triplicate. Leave one copy with the REGISTRAR AND ONE COPY WITH THE Instructor. The third copy is for the Student. Please bring your copy with you when registering/paying for classes.

REQUEST TO AUDIT A COURSE

I hereby request permission to audit the following course(s) during _____ semester 20____.

SUBJECT	COURSE NUMBER (CRN)	COURSE SECTION	COURSE TITLE	INSTRUCTOR

I understand that no credit, nor quality points, will be awarded for audited courses; the grade of V will be awarded and placed on my academic record; that audited courses will be counted as a part of the normal load; and that I will be required to pay the same fees as required of other students for the course. I understand further that the instructor will decide how much work I will have to do to meet the requirements of the course as an auditor. For instance, how many examinations, if any, I will have to take etc.

It is also understood that under no conditions will I be permitted to receive credit for an audited course at a later date. Audit status is approved on a semester basis.

_____ _____
Student's Signature Ram ID # or SSN

_____
Date

INSTRUCTIONS: STUDENTS MUST COMPLETE FORM AND SUBMIT TO THE OFFICE OF THE REGISTRAR AT LEAST FIVE DAYS PRIOR TO REGISTERING FOR CLASSES.

PERMISSION GRANTED BY_____ _____
Signature of Instructor Date

PROCESSED IN THE OFFFICE OF ACADEMIC SERVICES AND REGISTRAR BY _____DATE_____

Revised 6/12