ARTS & SCIENCES

Office of Graduate Studies and Research
757-221-2467 | Stetson House, 232 Jamestown Rd.

Audit Form

[For Arts and Sciences graduate students who wish to audit an undergraduate or graduate course.]

DATE:_____ SEMESTER: ☐ Fall ☐ Spring ☐ Summer YEAR:_____
(mm/dd/yyyy)

STUDENT'S NAME:_____ BANNER ID #: _____

STUDENT'S DEPT/ PROGRAM: _____ COURSE CRN #:_____

COURSE ID (Dept/Program, Number, Section):_____

COURSE TITLE:_____ CREDIT HOURS: _____

Please enroll me in the course listed above. I take full responsibility for following the guidelines to drop this course if I decide it does not fit into my schedule.

Student's signature_____

APPROVALS:

Student's Graduate Director:_____ _____
(Print Name) (Signature/Date)

Instructor's Name:_____ _____
(Print Name) (Signature/Date)

[ADDITIONAL APPROVAL if course is taken in schools outside of Arts & Sciences]

Dean of the School of Education or the School of Marine Science:

_____ _____
(Print Name) (Signature/Date)

Registrar of the School of Law or the School of Business Administration:

_____ _____
(Print Name) (Signature/Date)

- **Students must obtain the signatures of their graduate director and the course instructor.**
- **Students must return this form to the Office of the Dean of Graduate Studies and Research by the last day to add courses as specified in the *Graduate Program Catalog* calendar.**

Distribution: ☐ **Department/Program** ☐ **Student** ☐ **File**