

Graduate School

**PERMISSION TO AUDIT**

**Student ID Number:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**Term/Year (e.g., Fall 16):** \_\_\_\_\_

Subject	Course#	Section#	Course Title

I agree to comply with Graduate School regulations and instructor’s special requirements, if applicable, with regard to auditing this class.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

Graduate School regulations regarding audits: “With the instructor’s permission, students are permitted to audit certain courses. Students who audit are expected to attend the course regularly. Students must be registered for regular courses in order to audit. Audits are listed on the student’s transcript. Audits are limited to two per semester.” A \$10 fee is charged for each course audited. The same deadlines for adding and dropping courses apply to audited courses.

I give the student named above permission to audit the class indicated. Special requirements, if any, are listed below.

\_\_\_\_\_  
Signature of Instructor

\_\_\_\_\_  
Date

Instructor’s special requirements:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

-----FOR GRADUATE SCHOOL USE ONLY – DO NOT WRITE BELOW THIS LINE-----

\_\_\_\_\_  
Date Processed

\_\_\_\_\_  
Approved By