

## **Audit Course Registration Form**

Registrar's Office - 141 Todd Wehr Hall - 920.403.3949

Date:/ 20_					
SNC ID:					
Student Name:					
Indicate Semester:	Fall /	Winter /	Spring /	Summer	Year: 20
Full time students may audit up space-available basis.	to four semeste	r credits each sen	nester at no addition	onal charge. Registra	ation for an audit is on a
Students may not audit required	courses or less	sons in their major	-		
Individual faculty members will s registering to audit a course are conditions set forth by the instru No course may be changed from cannot subsequently be taken for	expected to ma ctor will not hav n credit to audit	aintain a normal at the course and to or vice versa, afte	tendance pattern i the grade (AU) wil er the end of the d	n that class. A stude I be entered on the p	ent who does not fulfill the permanent record.
An audited course does not co	ount as credits	earned or towar	ds a student's gr	ade point average.	
Subject:	Course:		-		
Course Title:(Limit title to 30 characters or les	ss – titles provic	led will be added t	o generic non-arra	anged course titles o	n transcripts)
Registration Instructions					
<ol> <li>This form is to be com</li> <li>Audit forms are proce</li> <li>Seats in audited class</li> </ol>	ssed in the orde	er they are receive	d, after the last da		
Student Signature	_				
Instructor Approval		Printed Instruc	tor Name	Instructor C	Office and Room Number
CRN:		DATE:		REG	BY: