



PERMISSION TO AUDIT A COURSE FORM

Office of the University Registrar

881 Commonwealth Avenue, Boston, MA. 02215

Phone: 617-353-3612 Fax: 617-358-1689 Email: registrar@bu.edu

Name _____ BU ID _____

Academic Semester and Year _____ 20_____ College _____

College of Course _____ Course Number _____ Section _____ Credits _____

INSTRUCTIONS AND NOTES:

This form is used to request audit status and must be filled in completely.

Undergraduate students can change a course from credit to audit status up until the last day to add courses.

Semester dates can be viewed on the Registrar's Office website, www.bu.edu/reg/calendars/semester.

The University Audit policy can be viewed at <http://www.bu.edu/academics/policies/auditing-courses/>; individual schools/colleges may have additional policies, please consult that college's Bulletin for details.

I request permission to attend this course on an audit basis. (check all boxes)

- I understand that I will receive no credit for this course.
- I understand that the course will not apply toward my degree.
- I understand that I will be charged the regular standard tuition and fees for this course.
- I understand that courses taken on an audit basis cannot be paid for with financial aid.
- I understand that a mark of AU will be recorded on my transcript unless I fail to meet the conditions specified below, in which case a mark of "W" will be assigned.

Please describe the conditions of participation agreed upon by student and instructor (i.e., class attendance, participation in discussion, presentations, assignments and grading, etc.).

Student Signature _____ Date _____

- I agree to allow the above named student to attend my course as an auditor, based on the conditions specified above.

Instructor Signature _____ Date _____