

SPORTS audit form



BOSTON UNIVERSITY
OFFICE OF THE UNIVERSITY REGISTRAR
CLASS ADJUSTMENT FORM

PRINT LEGIBLY USING CAPITAL BLOCK LETTERS.
RETAIN THE STUDENT COPY. TURN OTHERS INTO
YOUR SCHOOL/COLLEGE OR THE OFFICE OF THE
UNIVERSITY REGISTRAR.

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B.U.I.D./SOCIAL SECURITY NUMBER NAME (Last Name, First Name, Middle Initial):

SEMESTER (circle one):

CALENDAR YEAR:

FALL

SPRING

To attend a sports class

1. Write your BU ID number and name, circle the semester and enter the calendar year
2. Enter the course number and section
3. Have the instructor sign at the form at the first class
4. Sign it yourself
5. Take the completed form to the University Registrar at 881 Commonwealth Avenue

Why audit? Because we don't want a bad grade in golf to mess up your GPA! When you audit, you don't receive a grade.

FOR INSTRUCTOR'S USE ONLY

ACTION	COLLEGE OF CRSE	COURSE NUMBER	SEC-TION	CREDIT HOURS	INSTRUCTOR'S SIGNATURE	EFFECTIVE DATE DATE OF LAST CLASS ATTENDED
EXAMPLE	C A S	A H 2 9 5	A 1	.		
DROP				.		
DROP				.		
DROP				.		
DROP				.		

ACTION	COLLEGE OF COURSE	COURSE NUMBER	SEC-TION	CREDIT HOURS	INSTRUCTOR'S SIGNATURE	EFFECTIVE DATE DATE OF FIRST CLASS ATTENDED
ADD				.		
ADD				.		
ADD				.		
ADD				.		

ACTION	COLLEGE OF CRSE	COURSE NUMBER	FROM SECT.	TO SECT.	CREDIT HOURS	INSTRUCTOR'S SIGNATURE	EFFECTIVE DATE OF ACTION
SECTION CHG					.		
SECTION CHG					.		

ACTION	COLLEGE OF CRSE	COURSE NUMBER	SEC-TION	CREDIT HOURS	INSTRUCTOR'S SIGNATURE	EFFECTIVE DATE OF ACTION
GR TO AU				.		
AU TO GR				.		
CREDIT CHG				.		

STUDENTS WISHING TO WITHDRAW/TAKE A LEAVE OF ABSENCE FROM THE UNIVERSITY MUST DO SO USING A "WITHDRAWAL/LEAVE OF ABSENCE FORM" RATHER THAN A "CLASS ADJUSTMENT FORM." GRADUATE STUDENTS MUST SUBMIT THIS FORM TO THEIR ACADEMIC DEAN'S OFFICE. UNDERGRADUATE STUDENTS MUST SUBMIT THIS FORM TO THE UNIVERSITY SERVICE CENTER. MET NON-DEGREE AND MET PART-TIME STUDENTS MUST SUBMIT THIS FORM TO THE METROPOLITAN COLLEGE OR DIRECTLY TO THE OFFICE OF THE UNIVERSITY REGISTRAR. ALL OTHER NON-DEGREE STUDENTS MUST SUBMIT THIS FORM TO THEIR ACADEMIC DEAN'S OFFICE.

I AM AWARE THAT THE ABOVE ACTIONS MAY AFFECT MY ACADEMIC RECORD, MY FINANCIAL CHARGES AND MY FINANCIAL AID. I HAVE CONSULTED MY ADVISOR.

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Student's Signature

Advisor's Signature (if required)