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