



# COURSE AUDIT REQUEST FORM

Use this form to request to change status of a registered course from credit to audit status or vice versa. The deadline to switch to or from audit/credit status is the "Drop Without a W" date for a course, per the University [Auditing Courses Policy](#). Semester-specific deadlines are available on the [academic calendar](#). You must be registered for the course to request audit status. Students with financial aid must check with the Office of Student Financial Services to determine aid implications of auditing a course.

U \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Student's BU ID Number Student's Last Name Student's First Name Expected Grad Date (MM/YYYY)

Degree:  MPH  BA/MPH  BS/MPH  MBA/MPH  JD/MPH  MS/MPH  MD/MPH  MSW/MPH

MPH Functional Certificate: \_\_\_\_\_

MPH Second Certificate: \_\_\_\_\_

MS  PhD  DrPH in \_\_\_\_\_  
Program

Semester:  Fall  Spring  Summer 1  Summer 2 \_\_\_\_\_  
Year

Course #	Course Title	Instructor Name (print)
SPH _____		

**I request permission to attend this course on an audit basis:**

- I understand that I will receive no credit for this course.
- I understand that I will not receive degree credit for this course.
- I understand that I will be charged standard tuition and fees for this course.
- I understand that a mark of "AU" will be recorded on my transcript unless I fail to meet the conditions below, in which case a mark of "W" will be recorded:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I request permission to change my audit status in this course to credit status:**

- I understand that I will receive a grade for this course.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Written signature or image of written signature required

**\*\*\*For Instructor Approval Only\*\*\***

I agree to allow the above named student to attend my course in audit or credit status, as requested above.

**Instructor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Written signature or image of written signature required