Fayetteville State University Office of the Registrar Course Audit Form

Student Na	ame:					
Last			First			MI
Banner Id:		_ Term: Fall () Spring () Summer I () Summer II () Year:				
2 – Submit (Please 3 – Submit 4 – Make a	the complete allow $3-5$ a copy of the copy of the	ed and signed business day e completed	s for process and signed fo	Office of the ing)	Registrar for processing shier's Office for required cords	payment
Class(es) to Subject	Course	Section	Credit Hours	CRN	Instructor Signature	
Example:	Example:	Example:	Example:	Example:	Example:	
<u>MATH</u>	<u>123</u>	<u>01</u>	3	<u>2458</u>	Instructor Signature	
count in qu classes do r Students m	ality points, anot count town	and do count vard full time o audit a cour	in GPA calcestatus, loan	ulation and a deferment or e first week o	urs, do not count in GPA has final grade of AU is given financial aid eligibility. If the first day of class. Study week of classes. Converse	. Auditing
registered f	or credit will	l not be perm	itted to chan	ge to audit af	ter the first week of classes	5.
_			credit for th		Date: rse(s), I must retake the cou	
Registrar's	Office Signat	:ure:		Date:		
-					eek of class, do not accept)	
Cashier's O	ffice Signatu	re:	Date:			