## Fayetteville State University Office of the Registrar Course Audit Form

Student Na	me:				
	Last		First		MI
Banner Id:			Term:		Year:
<ol> <li>Subm (Pleas</li> <li>Subm paym</li> </ol>	nit the complese allow 3 -5 b nit a copy of the ent a copy of the	eted and sign ousiness day ne complete	ys for processing	Office of the R i) m to the Cash	egistrar for processing nier's Office for required rds
Subject	Course	Section	Credit Hours	CRN	Instructor's Signature
Example: Math	Example: 123	Example: 01	Example: 3	Example: 2458	Instructor's Signature
GPA calculat Audited cour aid eligibility. Students mu  • Stude	ions. A final g ses also do <b>n</b> st submit a re ents registered	rade of <b>AU (</b> , ot count to, quest to aud d for audit n	<b>Audit)</b> will be ass ward full-time er	signed. nrollment stat i <b>n the first we</b> he course to <b>c</b>	
Student Signature:					
(I understoo	d that if I later	desire cred	lit for the above o	course(s), I mu	ust retake the course for credit
Registrar's Office Signature:			Date:		
	(Please chec	<mark>k the date, i</mark>	f it is after the fir	st week of cla	ss, do not accept)

Cashier's Office Signature: \_\_\_\_\_\_\_Date\_\_\_\_\_