

Course Audit Request

This form is for students requesting to audit a course, which must be submitted by the semester course audit deadline. Before making this request, please take note of the following:

- Auditing is attending a class without receiving academic credit, a pass/no pass grade, or a letter grade.
- **This form is not a means of registration; students must already be registered for the course prior to requesting an audit grade.**
- Students who are not registered for a course are not permitted in the classroom.
- Audited courses count toward the total units carried but are not factored into the QPA.
- The extent of course participation must be arranged and approved by the instructor at the time of submission.
- Students attending part-time and/or in programs that charge a per-unit rate should consult with their HUB liaison, as auditing a course may incur additional tuition charges.
- Should the student successfully meet the instructor's requirements for auditing a course, an "O" final grade may be assigned. Otherwise, no grade will be recorded.
- Audit grades are irrevocable. Students cannot take an audited course for credit in a future semester.
- Students should consult with their primary academic advisor prior to auditing a course.
- Departments must complete and submit this form to the University Registrar's Office. For submission instructions, visit cmu.edu/es/forms.instructions.html.

STUDENT INFORMATION

Andrew ID: _____

Name: _____

Last NameFirst/Preferred NameMiddle Name/Initial

College: _____

Department: _____

Class Level: _____

COURSE INFORMATION

An **audit grade** is being requested for the following course:

Semester	Year	Course Number	Section	Units	Course Title

Student Signature: _____

Signature

Date: _____

mm/dd/yyyy

DEPARTMENT AUTHORIZATION

Primary Academic Advisor: _____

Print/Type Name

Signature

Andrew ID: _____

Date: _____

mm/dd/yyyy

Course Instructor: _____

Print/Type Name

Signature

Andrew ID: _____

Date: _____

mm/dd/yyyy

Advisor/Instructor comment:

Required for all course audits submitted **after the add deadline:**

Associate Dean: _____

Print/Type Name

Signature

Undergraduate students only

Andrew ID: _____

Date: _____

mm/dd/yyyy

Department Head: _____

Print/Type Name

Signature

Graduate students only

Andrew ID: _____

Date: _____

mm/dd/yyyy