AUDIT REQUEST FORM

(RO-4/26)

Registrar's Office 200 High Street, Glenville, WV 26351 304-462-4117 Fax: 304-462-8619 registrar@glenville.edu

This form must be submitted by the last day to drop/add classes for the semester listed below and completed in its entirety (including page 2) or it will not be accepted and processed.

Student's Name: _____ GSU ID# _____

Course requesting to audit:

CRN-SUBJ-CRS	Course Title	CR	Semester

Instructor Name: _____

☐ I am currently enrolled in _____credit hours (not including audit course credits) for the semester indicated above.

☐ I am requesting the audit under the reduced Tuition & Fee Program for state residents at least 60 years of age or older. (No advisor signature will be required below if you are non-degree seeking.)

I am requesting to audit a course as specified above and certify that I understand and agree to the following:

1. An audited course does not count toward earned credits and will be recorded with a grade of "AU".
2. An audited course is not used when determining full-time status, financial aid eligibility, athletic eligibility or towards veteran educational benefits.
3. An audited course does not count toward degree program requirements.
4. Instructor approval is required.
5. I understand I am to adhere to the standards of conduct required of all enrolled students.
6. The instructor may administratively withdraw me from the course for excessive absences or if I do not adhere to the agreed upon course expectations.
7. Audit enrollment is on a space-available basis.
8. I agree to adhere to the course expectations as outlined on the page 2 of this form.

Student Signature: _____ **Date:** _____

Advisor Signature: _____ **Date:** _____
(if applicable)

Instructor Approval: ☐ Audit Approved ☐ Audit Denied

Instructor Signature: _____ **Date:** _____

Registrar's Office Check: ☐ Eligible ☐ Not eligible Processed: _____

Registrar's Office Signature: _____ **Date:** _____

GLENVILLE STATE UNIVERSITY

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Page 2

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Agreement of Audit Course Expectations

Auditors are not required to take examinations, submit assignments, or participate in classroom discussions unless mutually agreed upon with the instructor. If any of these will be expected of the auditor, please be specific and list them below.

By initialing in the boxes to the right following each listed expectation, it signifies there has been a discussion and agreement between the instructor and student.

Instructor	Student

Expectations about attendance: (Specify, e.g., all course meetings, weekly, only specific topics)

_____

_____

Expectations about examinations: (list any additional expectations below)

Student: ☐ will ☐ will not take exams

Feedback: ☐ will ☐ will not be provided

Expectations about homework and other assignments: (list any additional expectations below)

Student: ☐ will ☐ will not complete assignments

Feedback: ☐ will ☐ will not be provided

Additional Expectations: _____

_____

_____

_____

_____

_____

Return completed form to the Registrar's Office for processing and filing.