

OFFICIAL PERMISSION TO AUDIT A COURSE FORM

Office of the Registrar, Moot Hall 210
1300 Elmwood Avenue, Buffalo NY 14222
Phone: 716-878-4811 Email: regofc@buffalostate.edu

Name _____ Banner ID _____

DOB _____ Phone _____

Email _____

TERM: FALL ____ SPRING ____ SUMMER ____ J-TERM ____ YEAR _____

STATUS: Degree Seeking _____ Non Degree _____ Faculty/Staff _____ I

wish to audit this course: CRN: _____ Subject _____ Course# _____

By requesting permission to attend this course on an audit basis, I agree to the following:

- I will receive no credit for this course.
- The final grade will not be part of my GPA.
- The course will not count towards my degree.
- I will not be charged tuition for this course (other fees may apply).
- The grade affiliated with this course will be an "AU."
- Auditors will be registered no earlier than the first day of the semester.
- I am responsible for returning this completed form to the Registrar's Office on or before the first day of classes.
- I will be notified by the Registrar's Office when my request is approved or denied.

CTRL+S

Student Signature _____ **Date** _____ **SAVE AS**
AS

As the assigned instructor for this course, I agree to allow the above-named student to attend my course as an auditor based on the conditions specified above.

CTRL+S

Instructors Signature _____ **Date** _____ **SAVE AS**

Signature of Chair who oversees the curriculum

Chairs Signature _____ **Date** _____ **SAVE AS**

INTERNAL USE ONLY

Registrar's Office _____ **CRN** _____

See the Registrar's Office webpage for more details at
<https://registrar.buffalostate.edu/auditing-courses>