UCONN HEALTH

UConn Health Office of the Registrar 263 Farmington Avenue Farmington, CT 06030-1826 Phone: 860-679-3125 Fax: 860-679-6176 Email: registrar@uchc.edu Office: Academic Building, LM041

Course Audit Form

(Return to registrar@uchc.edu)

Name:	Student ID (or NetID):			
Graduate	School/College:	Major:		
Subject area:	Catalog No.:	Section:	Class No.:	
Units	Receiving Grade: AU			
Year:	Fall Winter Spring	Summer (Please specify):		

Students wanting to have the fact that they were exposed to the material in a course recorded on their academic record, but not receive either credit or a grade, may choose to audit a course. The following conditions apply:

- In place of a grade, the record will show 'AU' (Audit).
- Students changing a course from credit to audit after the second week of classes receive both 'W' (for Withdrawal) and 'AU' marks.
- Students changing a course from audit to credit after the second week must complete a Schedule Revision form to add the course.
- The student may participate as the instructor permits.
- The instructor may disenroll a student not meeting the auditing criteria set forth by the instructor.
- The audited course cannot be used on your plan of study.
- Part-time students must pay the same fee to audit a course as they would pay if they took the course for credit.

I acknowledge that I have read and understand the conditions outlined above regarding auditing a course.

Student			Date	
	(Print)	(Signature)		
Instructor			Date	
	(Print)	(Signature)		
Advisor			Date	
-	(Print)	(Signature)		