



UCONN

THE GRADUATE SCHOOL

WHETTEN GRADUATE CENTER | 438 WHITNEY ROAD EXTENSION, UNIT-1152, STORRS CT 06269-1152
TELEPHONE: (860) 486-3617 | FACSIMILE: (860) 486-6739 | GRAD.UCONN.EDU

GRADUATE SCHOOL COURSE AUDIT REQUEST

FIRST NAME _____

LAST NAME _____

STUDENT ID # (SEVEN DIGITS) _____

NETID _____

PHONE _____

EMAIL _____

AUDIT COURSE ENROLLMENT INFORMATION

Subject Area _____ Catalog Number _____

Section Number _____ Class Number _____

Credit Amount _____ Term _____ Year _____

Instructor's Name _____

Instructor's Signature _____ Date _____

If you do not wish to register for credit, but want your records to reflect that you have been exposed to the course material, you may be permitted to register as an auditor under the following conditions:

- You obtain the consent of the instructor and participate in the course as permitted by the instructor.
- You pay the appropriate tuition and fees for the course.
- The audited course cannot be used on your plan of study.
- No more than one course may be audited per term.
- The course to be audited cannot be changed to graded once the audit form has been submitted.
- You are not allowed to take the audited course for credit in a future term.
- If your enrollment is changed from graded to audit after the tenth day of the term, a grade of "WAO" is assigned to reflect both the withdrawal and audit.
- All audits must be requested by the ninth week of the semester. Refer to The Graduate School academic calendar for specific deadlines.

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

Student's signature _____ **Date** _____