

EASTERN MICHIGAN UNIVERSITY

Request to Audit a Course or Remove an Audit

Name: _____

Student Number: E_____

Street address _____

City/State/ZIP: _____

EMU email address: _____@emich.edu

Phone: _____

I request permission to audit the following course(s) during the following semester/year:

Fall 20____ Winter 20____ Summer 20____

CRN	SUBJECT	COURSE NUMBER	CREDIT HOURS

REMOVE the AUDIT for the above course

From the University Catalog:

Courses may be audited subject to the approval of the head of the department offering the course. No credit hours or grade points are awarded for a class audit. However, registration and payment of all fees is required for the class. Tuition and fees for auditing are the same as for the course in which credit is elected. Please check the calendar on the Office of Records and Registration website for deadlines and information regarding declaration of or removal of an audit.

Student Signature

Date

Department Head Signature

Date

Please note: NOT required for Audit Removal

For Office Use:

Processed in Banner _____

Staff Signature: _____