



Office of the University Registrar  
 881 Commonwealth Avenue, Boston, MA. 02215  
 Phone: 617-353-3612 Fax: 617-358-1689 Email: [registrar@bu.edu](mailto:registrar@bu.edu)

## PERMISSION TO AUDIT A COURSE FORM

Name \_\_\_\_\_ BU ID \_\_\_\_\_

Academic Semester and Year \_\_\_\_\_ 20\_\_\_\_\_ College \_\_\_\_\_

College of Course \_\_\_\_\_ Course Number \_\_\_\_\_ Section \_\_\_\_\_ Credits \_\_\_\_\_

**INSTRUCTIONS AND NOTES:**

This form is used to request audit status and must be filled in completely.  
 Undergraduate students can change a course from credit to audit status up until the last day to add courses.  
 Semester dates can be viewed on the Registrar’s Office website, [www.bu.edu/reg/calendars/semester](http://www.bu.edu/reg/calendars/semester).  
 The University Audit policy can be viewed at <http://www.bu.edu/academics/policies/auditing-courses/>; individual schools/colleges may have additional policies, please consult that college’s Bulletin for details.

**I request permission to attend this course on an audit basis. (check all boxes)**

- I understand that I will receive no credit for this course.
- I understand that the course will not apply toward my degree.
- I understand that I will be charged the regular standard tuition and fees for this course.
- I understand that courses taken on an audit basis cannot be paid for with financial aid.
- I understand that a mark of AU will be recorded on my transcript unless I fail to meet the conditions specified below, in which case a mark of “W” will be assigned.

*Please describe the conditions of participation agreed upon by student and instructor (i.e., class attendance, participation in discussion, presentations, assignments and grading, etc.).*

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I agree to allow the above named student to attend my course as an auditor, based on the conditions specified above.

**Instructor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_