



AUDIT DROP FORM

This Audit Drop Form should be completed by any student who wishes to drop a course for which the student has enrolled as an auditor. Completed Audit Drop Forms should be submitted to Student Central for processing online via the Secure Contact Form; select "Audit Class(es)" from the Topic menu.

Courses taken for credit/grade (rather than audited) cannot be dropped using this form. Students should drop courses taken for credit/grade as outlined here.

By signing and submitting this form, the student acknowledges that:

- Dropping this audited course may or may not result in a refund according to the current tuition refund schedule.
• If this form is submitted after the 100% refund period, a grade of "W" will be applied to the student's transcript for this course and a Late Schedule Change Fee of \$23 will be assessed per course dropped. Drop requests received during the 100% refund period will not receive a grade and will not appear on the student's transcript.
• Re-enrollment in this same class will require the student to begin the audit enrollment process again by submitting a new Audit Authorization Form; the original Audit Authorization Form cannot be reused.

Auditor Name: _____

Auditor University ID (UID): _____

Term/Semester: _____

Student Enrollment Status: (check one)

- ☐ I will remain enrolled in at least one other course for credit/grade this semester.
☐ I plan to audit another (different) course this semester, but will not enroll in any other courses for credit/grade. I understand that I will need to submit a new Audit Authorization Form (signed by the course instructor) for any additional course(s) I wish to audit.
☐ I am "audit only" and will not enroll in any other courses (for credit or audit) this semester. I understand that dropping this course will result in a complete term cancellation/withdrawal.

Audited Course(s) to Drop: Please provide complete course information for each audited course you wish to drop.

Table with 2 columns: Subject Area & Catalog # (ex: ENG-W 131) and Class #(s) (section #'s for Lec, Lab, Dis, etc.). Rows for Course # 1, Course # 2, and Course # 3.

Student Signature/Authorization: _____ (REQUIRED)

OFFICE OF THE REGISTRAR USE ONLY:
☐ Action Date: _____ ☐ % Refund: _____ ☐ LSCF override _____ Processed by: _____ Date: _____