



INDIANA UNIVERSITY
OFFICE OF THE REGISTRAR
Bloomington

AUDIT AUTHORIZATION MEMORANDUM

IMPORTANT INFORMATION:

- **“Audit only”** students not taking any other courses for credit/grade this semester may begin the audit registration process during the first week of classes. After the first week of classes, a Late Registration Fee will be assessed. **A Quick Admit form is required for all “audit only” students each semester.** Residency and Criminal Update forms are required for all “audit only” students who have not been enrolled at IU Bloomington in the past 12 months. All forms are available online here: <https://studentcentral.indiana.edu/register/audit.html>
- **INTERNATIONAL STUDENTS:** All “audit only” international students must obtain signed authorization on their Quick Admit form from the Office of International Services (OIS).
- Kelley School of Business undergraduate classes are not available for audit enrollment.
- Maurer School of Law courses may only be audited by degree-seeking graduate students.
- **TUITION & FEES:** Audit hours are assessed at a rate per hour regardless of residence classification. Audit hours are combined with enrolled hours to determine the amount assessed for mandatory fees and/or any course-related fees. Mandatory fees, course-related fees, and the current audit hour rates can be located on Student Central’s website at <https://studentcentral.indiana.edu> in the *Paying for College > Cost of IU* section.

Term/Semester: _____

Enrollment Status: (check one)

- I will remain enrolled in at least one other course **for credit/grade** this semester.
- I will be **“audit only”** and will not enroll in any other courses for credit/grade this semester. I understand additional forms are necessary to enroll as “audit only.”

Auditor Name: _____

Auditor University ID (UID): _____

Course to Audit: All course information must be completed below. A separate memo is required for each course you wish to audit.

Subject Area & Catalog #: _____

Class/Section #(s): _____
(include all sections/related components such as LEC, DIS, LAB, etc.)

Instructor Signature (required): _____

Date: _____

Student Signature/Authorization: _____

OFFICE OF THE REGISTRAR USE ONLY:	
<input type="checkbox"/> Closed Class (verified Room Cap)	<input type="checkbox"/> LRF
Processed by: _____	Date: _____