

Office of the University Registrar
Audit Request Form



Please complete the following form to request permission from an instructor to audit a course. A signature from the instructor is needed prior to being submitted to the Office of the University Registrar to be processed.

UR ID Number Student Last Name Student First Name

Program of Study School

Term Year Course Number (xxxx abc-1) Course Title

Instructor Name

I request to enroll in the above-mentioned course as an audit. The decision cannot be reversed after the end of add/drop for the course. I understand that I will not receive credit for this course, and I will be responsible for any related tuition and fees.

Student Signature: _____ Date: _____

I approve this request for this student to audit this course for which I am the primary instructor. All expectations for the course audit have been agreed upon by both parties. I also certify that this course is eligible for audit.

Instructor Signature: _____ Date: _____

Submission Guidelines: If approved, the completed form should be emailed to registrar@rochester.edu for processing. The submitter will receive email confirmation when complete.

Graduate students in School of Arts and Sciences and Hajim School of Engineering will need to submit the form to Graduate Education and Postdoctoral Affairs (GEPA) for approval by emailing the form to ASEGEP@rochester.edu. From there, the form will be submitted to the Office of the University Registrar for processing.

GEPA Signature: _____ Date: _____