

Agnes Scott College
Office of the Registrar

Course Audit Agreement

STUDENT NAME: _____ ASC ID# _____
Last First Middle

COURSE: _____
Subject/Number/Section (ex. PSY-101-A) / AscAgnes Course Title (see ascagnes.agnesscott.edu)

INSTRUCTOR'S NAME: _____ TERM _____

I wish to register to audit the above course. My signature at the bottom of this form certifies my understanding that (1) I will receive no credit for this course and that a final grade of "AU" will be noted on my Agnes Scott transcript if I complete the participation terms agreed listed below; (2) the course will be removed from my record by the registrar if I do not fully complete these terms; (3) I may not take this course at Agnes Scott for credit at a later date; and (4) audited courses will not apply towards Agnes Scott graduation requirements, eligibility enrollment status for financial aid or intercollegiate athletics. (5) Students who audit a music class are still responsible for any associated music fees.

The deadline is posted on the Academic Calendar and coincides with the last day to add a class. The official Academic Calendar is available at www.agnesscott.edu/registrar

INSTRUCTOR: Please describe the extent of participation required of the student for this course (attendance, participation in classroom discussions, assignments, examinations, etc.):

Please type your full name below which is your signature for this registration. Your signature constitutes your acceptance of the terms above.

Signature of Instructor Date Print Instructor Name

Advisor Signature Date Print Advisor Name

SIGNATURE OF STUDENT Date