Raymond A. Mason School of Business
WILLIAM & MARY

PERMISSION TO AUDIT REQUEST

This form should be used by degree seeking graduate business students who wish to take a course as an auditor, when space is available. You must receive permission from the Program Director and Instructor in order to audit a course, even if seats are available.

Full-time graduate students may audit one undergraduate course per regular semester (with the exception of the very first semester enrolled or first year for full-time MBA students) without charge, provided their total number of credit hours does not exceed eighteen (18) hours. Flex MBA students may audit a course, and will be billed per credit hour as long as they take less than nine credit hours per semester.

Grades for courses that are audited will become part of the student's permanent academic record and will appear on the William and Mary transcript. The instructor will assign a grade of "O" for a successful audit and a grade or "U" for an unsuccessful audit. Students who stop attending and fail to withdraw officially, will receive a grade of "U". Audited courses do not count towards the graduate degree.

INSTRUCTIONS:

1. Complete Section A of the form.
2. Return the form to your Program Office. This form will be reviewed and, if approved, submitted to the Mason School of Business Registrar, who will enroll you in the course.

SECTION A: (Completed by the Student)

Student Name: _____ Student ID: _____

Program (i.e. Flex, FT, MAcc, etc.): _____ Effective Semester/Year: _____

Anticipated Graduation Semester/Year: _____

List the course you wish to take:

Course Name	Course Number & Section	CRN	Credit Hours	Days/Time	Audit
					Audit

By signing below, you assume full responsibility for dropping the course if you decided you no longer wish to take it. If you have a hold of other registration restriction, you understand that it must be taken care of PRIOR to this form being processed.

Student Signature: _____ Date: _____

SECTION B: Program Approval

Instructor Signature: _____ Date: _____

Program Director Signature: _____ Date: _____

FOR OFFICE USE ONLY	Processed Date:	Initials:

Revised December 2015