

PERMISSION TO AUDIT FORM

(Matriculated Student)

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. Obtain program director and instructor signatures for approval in Section B.
3. **Return form to the Graduate Registrar, Miller Hall 2041**, during a scheduled registration or add/drop period only. The Graduate Registrar will enroll you for the approved course.

SECTION A: The Student completes this section.

Student Name _____ Student ID# 930

Program (i.e., FT, Flex, MAC) _____ Effective Semester/Year _____

List the course you wish to take.

CRN	Course Number & Section	Course Title	Credit Hours	Days/Time	Audit
					AUDIT

Student Signature _____ Date _____

By signing above, you assume full responsibility for dropping the course if you decide you no longer wish to take it. **If you have a hold or other registration problem, you understand it must be taken care of prior to this form being processed.**

SECTION B: Program Director and Faculty Member – please sign below if you approve this audit request.

 Program Director Signature

 Date Signed

 Instructor Signature

 Date Signed

FOR OFFICE USE ONLY	
Processed Date:	Initials: