



PERMISSION TO AUDIT A COURSE FORM

Submit Form To:

Graduate Medical Sciences

72 E. Concord Street, L-309, Boston, MA 02118

Email: GMSRegistrar@bu.edu

Name _____ BUID _____

Academic Semester and Year _____ 20 _____ College _____

College of Course _____ Course Number _____ Section _____ Credits _____

Course Title _____

INSTRUCTIONS AND NOTES:

This form is used to request audit status and must be filled in completely.

Semester dates can be viewed on the Registrar's Office website: www.bu.edu/reg/calendars/semester/

The University Audit policy can be viewed at www.bu.edu/academics/policies/auditing-courses/; individual schools/colleges may have additional policies. Please consult that college's Bulletin for details.

I request permission to attend this course on as audit basis. (check all boxes)

- ☐ I understand that I will receive no credit for this course.
- ☐ I understand that the course will not apply toward my degree.
- ☐ I understand that I will be charged the regular standard tuition and fees for this course.
- ☐ I understand that courses taken on an audit basis cannot be paid for with financial aid.
- ☐ I understand that a mark of AU will be recorded on my transcript unless I fail to meet the conditions specified below, in which case a mark of "W" will be assigned.

Please describe the conditions of participation agreed upon by student and instructor (i.e., class attendance, participation in discussion, presentations, assignments and grading, etc.).

Student Signature _____ Date _____

- ☐ I agree to allow the above named student to attend my course as an auditor, based on the conditions specified above.

Instructor Signature _____ Date _____

Program Director Signature _____ Date _____