AUDIT REGISTRATION FORM

_________________________________ (name of student) has permission to audit my course entitled
____________________________________________________________ and designated
________________________________ (department designation, course number, section number) in
the course schedule.

_____________________________________
(faculty signature)

_________________________________ (date)

Dean’s Signature

________________________________
Paula E. Gilbert, Associate Dean
(or designate)

________________________________
(date)

INSTRUCTIONS

(1) Please fill in the blanks (PRINT) with your full name, the title of the course, and the course’s designation.

(2) Then contact the instructor to discuss your desire to audit. Permission to audit is indicated by the instructor’s signature and the date that permission is granted (permission may also be granted by email – if so please attach).

(3) Bring--or fax--this sheet to the Bishop’s House so that Dr. Gilbert can sign the form. After the form is signed, we will do the data entry to complete your audit registration. If there are any problems, we will telephone or email you.

(4) Your student account (‘bill’) at the Bursar’s Office must be paid no later than the last working day preceding the first day of classes.

(5) You are entitled to a Duke ID (which you can have made at the DukeCard Office in the West Union building) and an email account (which you can apply for at the OIT Help Desk located in the Bryan Center).

(6) If after registering you decide you do not wish to audit, contact Continuing Education and request to have your registration cancelled. If you cancel before the last day of drop/add, you are entitled to a full refund of tuition. **There is no refund of tuition if you withdraw after the last day of drop/add.**