Audit Request

CENTRAL MICHIGAN UNIVERSITY

Name: _____   _____   _____
                Last   First   MI

Phone number: _____

Student ID number: _____   Student Global ID: _____

I am requesting to Audit as: (Choose one)

| ☐ | **Senior Citizen** | ☐ | **Student** |

Senior Citizen

When auditing a course, keep in mind:

Requirements
- Must be age 60 or above.
- On-campus, undergraduate courses only.
- Michigan resident (have lived in Michigan for at least one year).
- Space must be available in the course or approved by the department.
- Instructor approval is required.
- The grading option is "Audit" only (no credit will be earned and does not count towards a degree).

Fees waived
- Application fee
- Tuition rates for undergraduate on-campus courses
- Special course fees
- Parking fees - contact Parking Services at (989) 774-3083

Fees charged
- Books and class supplies

Student

When auditing a course, keep in mind:
- No credit is granted for the course when auditing.
- Credit will be included in the total credit taken for the semester.
- Tuition and fees are assessed accordingly for the course.
- No changes to audit a course or change back from auditing a course are permitted after the CR/NC deadline.

_____ _____ _____ _____ _____ _____ _____
Subject & Number   Credit Hours   Course Section Number   Year   Fall   Spring   Summer

_____
Instructor Name (Please print)

The student's responsibility to the class is determined by the department chairperson and the instructor.

_____ Date: _____
Student Signature

_____ Date: _____
Instructor Signature (Required)

_____ Date: _____
Department Chair's Signature (Required)

E-mail the completed/signed form to: records@cmich.edu

Registrar's Office | 1200 S Franklin St, Warriner Hall 212, Mount Pleasant MI 48859 | (989) 774-3261