



Office of Registration and Records • Smyth 1  
4245 East Ave • Rochester, NY 14618 Phone  
(585) 389-2816 • Fax (585) 389-2612

## NON-MATRICULATED AUDIT APPROVAL FORM – GRADUATE LEVEL COURSES

Auditing provides an experience to learn specific material but not earn credit. Generally, anyone who audits a course does the work required for the course excluding the final examination. No grade is given and no credit is earned. In all cases, an audit (AU) will appear on the transcript upon completion of the course.

**Auditors must hold a bachelor’s degree from an accredited university.** Auditors must also meet any applicable course prerequisite(s) through equivalent coursework or experience. Interested persons **may audit graduate courses on a space-available basis** and with the approval of the Chairperson of the department in which the course is offered. Once approval is received, take this form to the Office of Registration and Records, Smyth Hall Room 1. You will be notified the Friday prior to the start date of classes regarding space availability. Registration and payment will be due in the Student Accounts Office, Smyth Hall Room 44, prior to attending the first class. The audit fee is one-third (1/3) the tuition charge of the course plus applicable fees. Nazareth alumni and senior citizens may audit *on-campus* undergraduate courses for a reduced fee.

Not all graduate courses are allowed to be taken as an audit. The final decision for an audit is determined by the department chair and the Office of Registration and Records. You will be notified when you are registered, or you will be notified if your request cannot be fulfilled.

### Student Information:

_____	_____	Nazareth Undergraduate Alum: Yes No	
Student ID # or Social Security Number	Date		
_____	_____	_____	_____
Last Name	First Name	Middle Initial	
_____	_____	_____	_____
Street Address	City	State	Zip
_____	_____	_____	_____
Phone	Date of Birth		
_____	_____		
Highest Degree Earned	Name of College/University		
_____	_____		
Email Address	Student Signature		

I acknowledge that I am responsible for tuition costs associated with the course(s) and agree to pay tuition by tuition due date. I understand that if a college debt must be referred to outside sources for collection, that I will be responsible for paying additional collection costs including but not limited to, reasonable attorney fees and disbursements.

### Course Information:

_____	_____
Term	Course Number & Section
_____	_____
Course Title	Instructor
_____	
Reason for requesting this audit	

### Department Chair Authorization:

<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
_____	_____
Department Chair Signature	Date
_____	_____
_____	
Comments	

<b>Office Use Only</b>
Processed by _____
Date _____
Student Contacted _____
Naz Alum: Yes No