

Student's e-mail address or other recipients as cc's.

COURSE AUDIT REQUEST GRADUATE LEVEL

Student, please copy this form to your desk-top, fill it out and e-mail it as an attachment to your dean's office. Your Dean will *Submit* it to the Office of Registration and Records

1.0.0 file.					
Students Name*:		Today's Date:			
LUC Student ID #*:			Student's email:		l:@luc.edu
Academic Career (School): Academic Institution: <u>LUCHI</u>			Program: Term Code:		
	Dept. Abbr.	Course Number	Section Number	Term Hours	
Example:	ACCT	201	002	3	
*Student's Signature: The student by of the regulations governing the audit Comments helpful to this request:			e and ID#	above nas	"signed" this form and is fully aware
REGULATIONS GOVERNING THE AUDITING OF GRADUATE COURSES					
 approve a request received after the description. Once a course is converted a course that is being audited marequirements). The tuition rate for audited Schedule of Classes for information of the course of the co	leadline. to "audit" ny not at d courses on tuition	for a stude any time is 50% of and fees).	the regula	not be re-ced as cred	term. The Graduate School will not lassified as a "for-credit" course (i.e., it hours completed toward degree dit) tuition rate (see the university's d for the full amount and then receive 50% of the full tuition upon receipt
of the first bill.					as open to auditors is made by the
 Program/department offering the course Completion of this form department of the course via the unit of the unit of	rse. oes not c iniversity'	onstitute re	egistration	for the co	ourse; the student is responsible for do so prior to the late registration
indicates satisfactory attendance; a gnot complete course papers, examinaA course that is audited doe	I, and aud rade of Wations, or o	will be as ther assignated as hours a	signed in order in or	cases of ur and theref	in class discussions. A grade of AU satisfactory attendance. Auditors do ore is not considered in determining a -time) and is not eligible for coverage
Dean's Approval (enter full name): _				Date:	
	NOT sen	d hard copy) to delive	r the form	to: Audit@luc.edu.

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