

Registrar’s Office  
C.B. Hedgcock, Room 2202  
1401 Presque Isle Avenue  
Marquette, Michigan 49855  
Phone: (906) 227-2278  
Fax: (906) 227-2231   
Email: [schedule@nmu.edu](mailto:schedule@nmu.edu)

**PERMISSION TO AUDIT A COURSE**

Changing a course from AUDIT to CREDIT or from CREDIT to AUDIT must be completed by the 9th calendar day of a semester. The timeframe for classes meeting less than a full semester are prorated. Check with the Registrar’s Office, C.B. Hedgcock, Room 2202, for the dates.

A student who wishes to audit a course must enroll and pay the regular course tuition and fees. The student will be required to do as much work as the instructor requests. At the end of the semester, the student will receive a grade of “AU” (Audit) which will be recorded on the student’s record. If the student does not complete the course work required by the instructor or if his/her attendance is irregular, the instructor may issue the student a “W” (withdraw/passing) grade. Departments may require a student to meet all prerequisites for a course prior to granting permission to enroll and audit a course.

This credit does not count toward a degree requirement; nor may it be changed at a later date to a regular letter grade. If you are a degree-seeking student, any auditing coursework will not count towards your enrollment for Federal financial aid purposes. Please speak with the Financial Aid Office if you have any questions.

Please complete the following information and obtain the necessary signatures. The completed form must be returned to the Registrar’s Office, C.B. Hedgcock, Room 2202, by the 9th calendar day of the semester.

**NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Last First M/I NMU IN**

**LOCAL ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street City State Zip**

**LOCAL PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INFORMATION ON COURSE TO BE AUDITED:**

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**Call Number Course ID Course Title**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instructor Signature Date**

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**Adviser Signature (undergraduates only) Date**