

# AUDIT REQUEST FORM

Quarter _____	Year _____
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Student ID Number _____	Last Name _____	First Name _____	Middle Name _____	Date _____
Home Address _____	City _____	State _____	Zipcode _____	Area and Home Telephone Number _____
School and Program _____	Concentration _____	Area and Work Telephone Number _____		Birthdate _____
E-Mail Address _____			<input type="checkbox"/> Home	<input type="checkbox"/> Work

5-DIGIT CRN	CATALOG NUMBER	COURSE TITLE	INSTRUCTOR

AUDIT CATEGORY     Active student (enrolled for credit now or within past 4 quarters)    – \$50 per class     Spouse of active student – \$50 per class  
 Fuller Graduate (no audit charge, but Technology and eResource fee applies below)     None of the above – \$250.00 per class

ADVISOR SIGNATURE \_\_\_\_\_ (verifying status checked above)

TOTAL AUDIT CHARGES \$ \_\_\_\_\_

Technology and eResource Fee \_\_\_\_\_ \$80 per quarter eResource fee (unless already charged this quarter)

TOTAL CHARGES \$ \_\_\_\_\_

PAYMENT     Will pay online (www.fuller.edu/students)     Attached with this registration  
 Will adjust current payment plan

Submit this form to the Registrar’s Office (Pasadena classes) or your Regional Campus office. Audit requests for 10-week classes will be accepted beginning the second week of the quarter, on a first-come, first-served, space-available basis. Audit requests for intensive classes will be accepted after the deadline for credit registration has passed on a first-come, first-served, space-available basis.

You may attend the class in the meantime, as long as there are seats available not being used by credit students. You will not be able to continue auditing if the class fills with credit students.

Auditing a class allows you to attend the class. The level of participation permitted beyond this is entirely up to the professor. No transcript record is created, and the audit cannot be verified at any time by any Fuller personnel. Audits cannot be dropped, and no refunds are given.

*The audit registration information listed above accurately represents my request in every detail. I understand that audit registrations, once entered, cannot be dropped or refunded. I understand and accept the terms of this registration.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Detail Code \_\_\_\_\_ Amount \_\_\_\_\_  
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