Course Audit Form

Auditing a course gives a student the opportunity to explore an area related to his/her policy interests or review an area of personal expertise. No credits will be issued for an audited course; however, it will appear on the student’s transcript with the grade notation “AD” for an audit that has been completed successfully or “WA” for an audit from which a student has withdrawn. Once a class has been audited, a student may not enroll in it for credit in a future semester. A student may drop and audit without penalty until the end of the drop/add period. After that time, the student must officially withdraw from the audit if he/she can no longer participate in the course.

Complete this Course Audit Form and submit it directly to the Office of the University Registrar no later than noon on the final day of Drop/Add for a given semester. The form may be delivered in person to the Registrar’s Office, 1121 West Main Street, Suite 1200 – Bevan Building, faxed to 919-684-4500, or scanned and sent as an email attachment to registrar@duke.edu.

Name of Student: ____________________________________________
(Please Print)

Student ID: __________________________________________________
(Please use Student ID and not Unique ID)

Student’s Program: ____________________________________________

Semester (e.g., Fall 2012): _______________________________________

Course Number (e.g. 1653 found in ACES): _______________________

Subject (e.g., PUBPOL): ____________________ Course # and Section (e.g., 804.01): __________________

Course Title: __________________________________________________________________________

Days and Times Course Meets: ________________________________________________

Approval Signatures:

_____________________________        ________________________________        _________________
Printed Instructor Name               Instructor Signature                      Date

_____________________________        ________________________________        _________________
Printed Student Name                 Student Signature                      Date

_____________________________        ________________________________       _________________
Printed Sanford Administrator Name       Administrator Signature                                  Date