

This application must be submitted no later than the last day of late registration.



Application for Matriculated Audit

Semester: Fall Spring Summer Year: _____ **PantherID:** _____

Student's Name:

(Please Type or Print) Last First Middle

Address:

Street Address City State Zip-code

Phone: _____ Official Georgia State Email Address: _____

Course Prefix & Number	Course Reference Number (CRN)	Credit Hours	Instructor

I certify that the above information is correct and that requirements for prerequisites have been satisfied. **I have read the Academic Policies regarding course audits as stated in the Academic Catalogs** (Associate & Bachelor Level Catalogs § 1330.25, Graduate Level Catalog § 1342 – <http://catalog.gsu.edu>). **I understand I cannot change the above listed course from audit to credit, nor will I receive academic credit.** Audit status is not covered by financial aid and audit hours do not apply toward full-time enrollment. Any associated lab fees or supply fees are not covered by the GSU-62 program. I understand that this form must be submitted no later than the last day of late registration.

Student's Signature: _____ Date: _____

Approval

I certify there is space availability to accommodate this course-audit and the above named student has satisfied any/all course requirements (GPA, prerequisites, and etc.). Additionally, if class section is full, overflow permission is granted.

Instructor's Signature _____ Date _____

Internal Use: Processed on ___/___/___ By _____ Office of the Registrar
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