

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

Georgia State University 
Application for Matriculated Audit

Semester _____ Year _____ - -
Panther #

Student's Name _____
 (Please Print) Last First Middle

Address _____
Street Address City State Zip-code

Home Phone _____ Work Phone _____ Email Address _____

Course Prefix & Number	Course Reference Number	Credit Hours	Instructor

I certify that the above information is correct and that requirements for prerequisites have been satisfied. 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. I understand that this form must be submitted no later than the last day of late registration.

Student 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 _____ Date _____

Internal Use:
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 By _____
 Office of the Registrar/ The One Stop Shop

White copy - Registrar Yellow Copy - Student Pink Copy - Department