Instructions
- **This form can only be submitted up to the last day for course changes** and the student must be registered in the course they are requesting permission to audit.
- Please complete Sections A-C below.
- Obtain course instructor's approval (Section D).
- Obtain approval from the department offering the course (Section E).
- *Undergraduate Students* or *Special Students* should return this form to the **Registrar's Office (300 TB),** registrar@carleton.ca.
- *Graduate Students* should return this form to **Graduate and Postdoctoral Affairs (512 TB),** graduate.studies@carleton.ca.

Note: Permission to audit is based on demand for credit registration and some courses are not available for audit purposes. Formal registration is required and students may be required to satisfy all registration requirements. Regular tuition fees apply to courses taken for audit. The deadline to request to change a course registration from credit to audit or audit to credit is the **last day for registration and course changes. Students may not petition to change status from audit to credit after the last day to register.** Graduate students are limited to a maximum of 1.0 course-weight registration per program.

Audited courses receive no academic credit, but are counted as part of your total course load. A full fee assessment for the course will be applied to your student account.

A. Personal Data (Please Print)

_____
Name

_____
Student Number

_____
Carleton Email

_____
Telephone

B. Current Program

Are you a Special Student?

☐ **Yes**   ☐ **No**

(If yes, please go to section C)

Undergraduate	
Degree:	Class (Year Standing):
Major/Program:	

Graduate
Degree:
Department:

C. Course Information

CRN	Subject	Course #	Section	Term

Course Title: _____

Reason for Auditing the Course: _____

Approval on this form is only valid up to the last day for course changes.

D. Permission of Course Instructor

Instructor's Name	Signature	Date

E. Course Departmental Approval (Undergraduate Engineering Students obtain permission from the Faculty of Engineering and Design, 2090 MC).

Administrator's Name	Signature	Date

Student's Signature_____**Date**_____

Have you obtained approval from the instructor and the department (Sections D and E)?

RO/FGPA Use Only

Eligible		Registered		Comments	Processing Date	Initial
☐ Yes	☐ No	☐ Yes	☐ No			

By submitting this form, you acknowledge that you have read the following privacy notice.