



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 eResource fee applies below) None of the above – \$250.00 per class

ADVISOR SIGNATURE _____ (verifying status checked above)

TOTAL AUDIT CHARGES \$ _____

eResource Fee _____ \$30 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 _____
 Detail Code _____ Amount _____
 Detail Code _____ Amount _____