

Audit Approval Main Campus

Name: _____	
Date of Birth: _____	Student ID#: _____
E-mail: _____	Phone Number: _____
I affirm that I have read, understood, and agreed to this form in its entirety and that the information supplied is true and complete.	
Signature: _____	Date: _____

Policy: Students who meet MSU Denver’s admissions requirements may audit a class with the permission of the instructor and department chair, if space is available. Academic credit is not awarded for an audited course. The cost for auditing a course is based on the applicable tuition and fees. Students cannot audit any course offered through CCD or CU Denver.

Metro Meritus Program: Persons aged 60 and older may audit courses at no cost. Applications are available in the Center for Individualized Learning, Admin Building, suite 360, 303-615-0525.

Procedures to audit a class/lab:

1. Students must apply and be admitted to MSU Denver.
2. Complete form and obtain approval from the instructor and the department chair.
3. Return form to the Office of the Registrar. The Office of the Registrar will enroll the student in the course(s) after the registration deadline, if space is available.
4. Pay tuition and fees through the Student Hub or in the Cashier’s Office, SSB 150. Audited courses may affect College Opportunity Fund and/or Financial Aid Satisfactory Progress. Veteran students will not receive veteran benefits for audited courses.

Semester and Year: _____

	CRN	Department	Time	Credit Hours	Days	Course Title
Primary Course						
Lab (if any)						

By signing this form, I request to audit the above class(s) with the understanding that I will be officially registered, the class will be present on my academic transcript, and I will not receive academic credit. I understand that my audit status for this class cannot be converted to “for-credit” enrollment and vice versa. My enrollment cannot pre-empt students seeking academic credit, thus I understand that I will be registered for the class after its registration deadline, if space is available. I understand that I cannot audit classes offered through CCD or CU Denver. Finally, I understand that I will be charged full tuition and fees for this class, and the charge is non-negotiable once it is applied to my account.

Student

Name: _____ Signature: _____ Date: _____

Instructor

Name: _____ Signature: _____ Date: _____

Department

Chair Name: _____ Signature: _____ Date: _____

Office Use Only

Identity confirmed by: _____ Date: _____

Processor/Approver: _____ Date: _____

Approved: _____ Denied: _____