

# Course Audit Form

One Course per Form



UNIVERSITY of  
**SOUTH FLORIDA**

**Student Success**

Office of the Registrar

Course audits may only be requested up to the end of the applicable drop/add period. Students must obtain the signature from the academic department offering the course on this form. Fees for auditing are the same as those for courses in which credit is received. All applicable fees will be assessed.

*All courses are not available to audit; discretion is left to the academic department offering the course.*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

USFID Number \_\_\_\_\_

Term:  Fall  Spring  Summer Year \_\_\_\_\_

CRN	Department	Course Number	Section Number	Credit Hours	Presently Enrolled in Course for Credit? [ Yes / No ]
50432	ANT	2000	002	3	Yes

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Representative Signature

\_\_\_\_\_  
Date

<b>OFFICE USE ONLY</b>
Processor Initial _____ Date _____