Petition to Audit

Office Location: 271 Huntington Avenue • Phone: 617.373.2300 • Fax: 617.373.5351 • registrar@neu.edu • www.northeastern.edu/registrar Mailing Address: Northeastern University, ATTN: Office of the Registrar, 230-271, 360 Huntington Avenue, Boston, MA 02115-5000

AUDIT POLICY

Full-time Northeastern students (registered for 16 credits at the undergraduate level, full-time status at the graduate level, before the audit request) may, with permission, audit one class per term with no additional charge. Students are permitted to petition from the end of the course add period to the end of the third week of classes. Permission is based on the availability of a seat in the class and is at the discretion of the instructor and college.

All approvals as noted below must be obtained. Class participation requirements are at the discretion of the instructor. **Once a student opts to audit a course, the audit status of the course cannot be changed to receive an actual grade.** First-year undergraduate students may not audit classes.

This form, with all signatures, must be presented to the Office of the Registrar during the designated audit add period in fall and spring semesters only.

Excluded courses are co-op, labs, language courses, any off-campus course, any online course, and any course required for the major or degree. Audits carry no academic credit and do not appear on the official transcript.

REQUIRED SI	GNATURES		
Indicate term:	☐ Fall semester	☐ Spring semester	Year
Student name			NUID
Course number (e.g., ECON 1115)		CRN
Instructor signatu	ure required for all colle	eges:	
Signature of course instru			Date
Print instruct	tor name		
Advisor signature	e required only for stud	ents in Bouvé College of Health Scier	nces and the College of Arts, Media and Design.
Signature of student's ad			Date
Print advisor	name		
Associate dean s	ignature required only t	or courses offered by the D'Amore-Mc	Kim School of Business:
	associate dean fering the course		Date
Print associa	ate dean name		
SIGNATURE C	F STUDENT		
I have read and ι	understand the audit po	olicy above.	
Signature of stud	lent		Date
OFFICE USE C	DNLY		
Name of registrar staff accepting petition			Date
Processed by			Date