SENIOR CITIZEN TUITION AUDIT WAIVER FORM

Student’s Name: ___________________________ Empl. #: ____________ Semester: ____________________

**Students are not allowed to audit laboratory or online courses. (This includes Computer Lab courses.)

I request permission to audit the following course(s):

<table>
<thead>
<tr>
<th>Class Number (e.g., UNIV 100)</th>
<th>Course Number (e.g., 15451)</th>
<th>Credits</th>
<th>Instructor’s Signature</th>
<th>Registrar’s Signature</th>
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The audit will appear on your transcript. Upon filing this request to audit this class and receive a waiver, the student understands the following conditions:

☐ I understand no academic credit will be granted

☐ I am 65+ age or older – Date of Birth __________________________

☐ Even though I am auditing this class; I am expected to complete assigned coursework as required by the instructor.
  ○ Failure to do so may result in cancellation of this class from your schedule by the instructor
  ○ If this cancellation should occur, no “AU” (Audit Notation) will appear on your transcript

__________________________________________________________
Signature of Student

____________________
Date

Please return this completed application by email, fax, or mail to one of the addresses above.