

AUDIT REQUEST

Arkansas State University-Beebe
Office of the Registrar
PO Box 1000
Beebe, AR 72012
PH: 501.882.4415 FAX: 501.882.4421



****SUBMIT THIS COMPLETED FORM TO THE OFFICE OF THE REGISTRAR****

Student Name: _____

Student ID#: _____

***Note:** Audit students will pay the regular tuition and fees. No credit will be awarded for courses audited. The letters "AU" will be recorded in the grade column on the student's permanent record. Students have until the published deadline each term to declare audit for a course. Auditing students are expected to meet all requirements for a course, including attendance, other than taking examinations and completing formal written papers. Students not completing these requirements may be dropped from the course with a "W" at the discretion of the instructor.*

***** Notice to Financial Aid Recipients:** for financial aid purposes, a grade of AU is weighted like a W, F, or I grade (0.00). Changing to AU may result in financial aid recipients having to repay a portion of their financial aid. _____ **Initial here**

Course(s) to *AUDIT*:

Course #	Course Title
1. _____	_____
2. _____	_____
3. _____	_____

Student's Signature

Date

Advisor's Signature

Date

Registrar's Staff Signature

Date