



Tuition Waiver Request for Course Audit

*This form is an agreement between auditor and instructor,
each of whom should keep a copy of signed agreement.*

Auditor's name _____

Auditor's email address _____

Course and term _____

Instructor's name _____

I understand that by signing this form that I will be auditing the above-named course, and I will not receive a grade, transcript, or diploma that will reflect my attendance in this course. I also acknowledge that I am not being charged tuition for this course. I am taking this course for personal enrichment and will not monopolize the faculty member's class time. I also understand that my admittance into this course is contingent upon there being no paying students on a waitlist for this course.

Auditor's signature

Date

*Instructor's signature

Date

****Instructor, a copy of this form should be emailed to the VPAA's Office.***