

Request for Permission to Change to/from Audit

Office of the Registrar, University of Memphis, 003 Wilder Tower / Ph: 678-2810

Students must complete Parts 1 and 2 and then obtain the approvals under Parts 3 and 4 before submitting the form via a [TigerHelp ticket](#). Students may not change to or from audit after the last day to add classes for that part of term.

Please note that this form is not for Elite Auditor use.

Students must be aware of the following information before enrolling in a class for audit:

- TN eCampus courses may not be audited.
- Students enrolling on an audit basis do not receive academic credit for that course.
- Auditors are not required to take examinations and do not receive a regular letter grade. There should be a precise agreement between the student and the instructor as to the extent and nature of the student participation in the course.
- Students auditing a course will receive "AD" (Audit) on the transcript only if they have attended regularly and participated according to the prior agreement with the instructor.
- Fees for audits will be assessed on the same basis as fees for credit courses, with the exception of 2 courses for doctoral auditors.
- A reduction in Enrolled Hours, including changing course hours from credit to audit, may impact financial aid, lottery scholarship, and VA eligibility. **Repayment of funds may be required.**

Part 1 – Student Information

| | |
|-------------------|---------|
| Student U-Number: | U _____ |
| Student Name: | _____ |
| Phone Number: | _____ |

Part 2 – Course/Request Type Information

Standard Grading to Audit

Standard Grading to Doctoral Audit

Audit to Standard Grading

| SUBJECT | COURSE # | SECTION# | CRN |
|---------|----------|----------|-----|
| | | | |

| | |
|-----------------------------|---------------------------|
| Term/Year: | Term: _____ / Year: _____ |
| Student's Signature / Date: | _____ / _____ |

Part 3 – Instructor's Approval

| | |
|--------------------------------|---------------|
| Instructor's Signature / Date: | _____ / _____ |
| Instructor's UofM E-mail: | _____ |

Part 4 – Departmental Approval

Chair's signature for Audit OR Graduate Coordinator's Signature for Doctoral Audit

| | |
|---|---------------|
| Chair's or Graduate Coordinator's (for Doctoral Audit only) Signature / Date: | _____ / _____ |
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