

Rollins School of Public Health Enrollment Services
AUDIT PERMISSION FORM

Submit this form to your ADAP with instructor email or signature giving permission to enroll in an Emory course as an Auditor.

PART A: STUDENT INFORMATION

Student Name: _____ Student ID: _____

Department: _____

Degree Plan: MPH MSPH

PART B: CLASS REQUEST

Class seeking permission to audit (Subject, Number, Section)

Class Subject/Number/Section	Credit Hours	Grading Status

Instructors may have differing expectations of students auditing their course. If approved, your department will register you as an auditor in the course as space permits.

Table below should be populated with the expectations of the instructor that you, the student, acknowledge for enrollment as auditor

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Please review the below information and ensure you and the instructor have the same expectation of auditing their course.

Course Requirements	Required	Required at least 50% of the time	Not Required	Comments
	<i>Mark with an "X"</i>			
Course Attendance				
Exams				
Homework				
Participation in Group Work				
Others. Please specify:				

FOR THE INSTRUCTOR: Is there any circumstance under which you would require this student withdraw from the audit?

NO

YES. If yes, please indicate in the box below the circumstances:

FOR THE STUDENT: Does this course overlap in time with any other course?

NO

YES. If yes, please indicate in the box below the time overlap:

If there is an overlap in time, you are required to attend the course you are taking for credit for the entire class period.

FOR THE STUDENT: Are you auditing or plan to audit any other courses this semester?

NO

YES. If yes, please note below course number, title and credit hours:

FOR THE STUDENT: This course will appear as AU on your transcript as the final grade unless there is a circumstance by which you would be asked to withdraw for not meeting the above agreements. Credit hours that are audited count towards RSPH Full-Time Enrollment but do NOT count towards full-time enrollment for Federal Financial Aid.

PART C: SIGNATURES

Student Signature:

Date:

Instructor Signature:

Date: