



Registration and Records  
 PO Box 967  
 Roseburg, Oregon 97470  
 541.440.4604 | 541.440.7713  
 Registration@umpqua.edu

# Course Audit Request Form

Last Name                      First Name                      Middle Initial                      Student ID Number

Phone Number

**If this is the first time taking a course at UCC, you must complete an Application for Admission prior to registering or auditing a course.**

**Section 1 – INSTRUCTIONS and COST**

**AUDIT INSTRUCTIONS**

- Meet with instructor to get approval to audit course.
- Submit completed form to the Registration and Records Office within the first 10 Instructional Days of the term. *Audit forms are NOT accepted prior to the first day of the term.*

**AUDIT COSTS**

- First time course is audited – 50% tuition and 100% fees
- Subsequent audits of course. Must be same course (*For example, cannot be PE185MA for PE185MB*) – 0% tuition and 100% fees

**Section 2 – COURSE INFORMATION & APPROVAL**

**TERM & YEAR:**    Summer    Fall    Winter    Spring   **YEAR:** \_\_\_\_\_

<b>Course Information</b>			
CRN No.	Course No.	Course Title	Credits
40457	SP 111 (Ex.)	Speech	4

Have you previously audited this course at UCC?    Yes    No      If yes, when? **Term:** \_\_\_\_\_ **Year:** \_\_\_\_\_

*I understand that by auditing this course, I will not receive course credit or a grade, and I am responsible for payment based upon the audit policy.*

**Student Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Signifies Approval & Authorization

**Instructor Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Signifies Approval & Authorization

<p><b>Registration and Records Office USE ONLY</b></p> <p><input type="checkbox"/> First time auditing this course   <input type="checkbox"/> Previously audited this course</p> <p><b>Date:</b> _____                      <b>Initials:</b> _____</p>	<p><b>Cashier Office USE ONLY</b></p> <p>Waived Amount: _____</p> <p><b>Date:</b> _____                      <b>Initials:</b> _____</p>
--	---