

## **AUDIT REGISTRATION FORM**

This form is required for students who would like to request to audit a course delivered at the School of Nursing. Students are required to contact the course instructor and their Academic Advisor to discuss their desire to audit a course. Permission to audit is indicated by the instructor's signature and the date that permission is granted. Course registration is complete when this form (including all required signatures) is submitted to the Registrar's Office no later than the last working day proceeding the first day of classes.

Section 1: Student Information		
Student Name	Duke Unique ID	Date
Section 2: Course Informati	on	
Student wishes to audit course e	ntitled	Title of Course
and designated		The of Course
and designated Course Number, Section Number		Semester/Year
Section 3: Faculty Endorsen	nents	
Instructor Name	Instructor Signature	Date
Academic Advisor Name	Academic Advisor Signature	Date
Student Signature		Date
Processed by SON Regis (for office use only)	itrar	

Completed form should be submitted to: School of Nursing Registrar DUMC 3322 Durham, NC 27710

Email: dusonregistrar@dm.duke.edu Fax: (919) 684-4693