

**HAMLIN UNIVERSITY GRADUATE SCHOOLS
DEGREE & ADDITIONAL LICENSURE PROGRAMS
AUDIT REGISTRATION FORM**

- Online registration via Piperline is not available for audit registrations. -

Return completed form

- **by fax** to 651-523-2585
- **by mail** to Hamline University, Graduate Registration MS-A1750, 1536 Hewitt Ave, St. Paul MN 55104-1248
- **in person** to Student Administrative Services, 1st Floor, Law & Graduate Schools Building

Call Student Administrative Services at 651-523-3000 with registration questions. Phone registration is not accepted.

Audit Registration Information: Students may audit master's level courses on a space-available basis and with Program Office approval. Please contact the Program Office for audit fee information. *Students who audit a course will NOT receive academic credit for the course.* Upon completion, a final grade of AU is assigned to the student's permanent record. Auditors participate in all classroom activities, projects, and assignments but do not receive evaluation of their work. *Students intending to audit a course must submit this registration form with needed approvals to Registration & Records (Law Grad 113) no later than the last day to add or drop the course.* (See the official academic calendar on the SAS website at www.hamline.edu/academiccalendar for registration deadlines.) *The decision to audit is irreversible.*

TERM: Fall Winter Spring Summer Year: _____

Hamline ID/Social Security Number: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip + 4

E-mail: _____

Home Phone: (____) _____ Work Phone: (____) _____

Please register me as an AUDIT in the following course(s) *:

<i>Program (i.e.GPA)</i>	<i>Number</i>	<i>CRN</i>	<i>Course Title</i>	<i>Type of Credit</i>
_____	_____	- _____	_____	<input type="checkbox"/> Audit
_____	_____	- _____	_____	<input type="checkbox"/> Audit
_____	_____	- _____	_____	<input type="checkbox"/> Audit

* Graduate School of Liberal Studies writing courses and EdD courses may not be audited.

Your signature (required): _____ Date: _____

Program Director signature (required): _____