



GRADUATE DEGREE & ADDITIONAL LICENSURE PROGRAMS  
AUDIT REGISTRATION FORM

Please print:

Hamline ID/Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_  
*Street City State Zip*

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

E-mail (required): \_\_\_\_\_

Date of Birth (month/day/year): \_\_\_\_\_ Gender:  Female  Male

- On or after the first class meeting, complete this form and obtain the instructor's signature. NOTE: Audits are allowed only when there is room in the class and the instructor gives permission; no audit registrations will be processed prior to the start of the course.
- 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.
- Audit registrations must be submitted by the last day to add/drop courses for the term. See the Official Academic Calendar ([www.hamline.edu/academiccalendar](http://www.hamline.edu/academiccalendar)) for specific dates.
- EdD courses may NOT be audited.
- Audits are irreversible - an audit may not be dropped, refunded, or changed to for-credit registration.

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, East Hall 113

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

TERM:  Fall  Winter  Spring  Summer Year: \_\_\_\_\_

Subject Code <i>(alpha)</i>	Course Number <i>(4 digits)</i>	Section	Course Ref. Number <i>(5 digits)</i>	Course Title

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor's Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

Program Director signature (required): \_\_\_\_\_ Date: \_\_\_\_\_