

Audit Authorization Form

Today's Date _____

Last Name, First, MI _____ Student ID/NetID _____ Term _____ Year _____

Address _____ Apt. # _____ City _____ State _____ Zip _____

Current Daytime _____ Phone Number _____ Email Address _____

*Authorization to audit will be granted only for courses using the lecture method of instruction. Auditors will not be allowed access to individual instruction, to equipment or to supplies in conjunction with the course and are not entitled to student benefits.

Audit authorization will be granted on a space-available basis during the first ten (10) days of the quarter.

Auditing a course requires the written permission of the instructor and the department chair or academic dean. The audit fee will be assessed at the current per-credit tuition, unless the auditor is eligible for the senior citizen waiver or special summer session audit rate.

The University will maintain no official record of the auditor's participation in the course. The auditor's "Audit Authorization" form may be cancelled by the instructor at any time during the quarter by notifying the auditor, the department chair and the registrar. The audit fee is non-refundable.

*According to RCW 28B.15.540, senior citizens (age 60 or older), who are residents of Washington state, may audit lecture courses for no audit fee.

Check box if requesting a senior citizen waiver.

*Contact the Summer Session office for information of fees assessed for audits during summer session.

Register Courses							
Term	CRN#	Subject Code	Course #	Section#	Credits	Faculty Signature (required before submitting form)	Date

Pen to Paper Signature of Department Chair or Academic Dean (Audit authorized for the above listed course(s)) _____ Date _____

Auditor's Responsibility Statement: As an auditor, I understand that I will be held financially responsible for all courses I audit. I understand that I will not be allowed access to individual instruction, to equipment or to supplies in conjunction with the audited course(s), nor am I eligible for student discounts. Submission of the Audit Authorization Form obligates me for payment of the current per-credit fee and fees associated with the course unless I am eligible for the senior citizen waiver or the summer session audit fee. I also understand that the instructor may, at any time during the quarter, notify me that my audit authorization is cancelled and that this fact does not relieve me of my financial obligations for the course.

I have read and understand the auditor's responsibility statement and am aware of my responsibilities as an EWU auditor.

Pen to Paper Signature of Auditor _____ Date _____

Audit Course Credits + Regular Course Credits = Total Credits

- Charge current per-credit fee and any/all applicable course fees.
- Auditor eligible for resident senior citizen waiver. Charge any/all applicable course fees.
- Auditor to be assessed summer session audit fee and any/all applicable course fees.

FINANCIAL VALIDATION Receipt# Date Initials

