

Audit Form

Name: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

SEMESTER: Fall Spring Year _____

Please list the course you plan to audit:

| COURSE # | COURSE TITLE | INSTRUCTOR |
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| | | |

ICSW students and alumni are eligible to audit any class that is offered, with the instructor's permission.

Chargers for auditing depend on the status of the person making the request.

- There is no charge for full time students
- Part time students who are enrolled in classes may audit for the reduced charge of \$250 per class
- Students who are not currently taking any classes may audit for \$500 per class. Advanced students may audit for the reduced charge of \$250 per class.
- Alumni may audit for the reduced charge of \$250 per class

Students in other doctoral programs may audit any class that is offered with both the Director of Doctoral Program's consent and with the instructor's permission. The charge for auditing will be \$700 per class.

Instructor's Signature: _____

Date _____

Associate Dean's Signature: _____

Date: _____