

Bryant University

Request to Audit a Course Form

The following student is auditing my class and will receive a grade of AU at the end of the semester:

Student name: _____ Student ID: _____

Course Number (CRN): _____ Section: _____

Term: _____

Course Title: _____

Instructor Name: (Please print): _____

Instructor signature: _____ Date: _____

Student signature: _____ Date: _____

The Office of the Registrar recognizes a type-written signature for authorization when processed through the Bryant University email.

Note well: No credit or quality points are given for an audited class. The grade on your transcript will appear as "AU" (for audit).

Office of the Registrar * (401) 232-6080 * fax (401) 232-6065 * registrar@bryant.edu * www.bryant.edu