UF | UNIVERSITY of FLORIDA

Audit a Course Request

Instructions for Auditing - **Current UF students:**

Follow the instructions below. When the Office of the University Registrar (OUR) processes your application, an email verification will be sent to you and to the course instructor(s).

1. Do NOT register for the course on ONE.UF.
2. Complete the Audit form. All requested information must be provided.
3. Obtain the signatures of the instructor and the dean of the college offering the course(s).
4. Return the completed form using our secure upload by the last day of Drop/Add for the term. OUR staff will only sign the application after it is complete.
5. Pay the tuition/fees for the course(s) on ONE.UF.

Application to Audit a Course

_____	_____	_____
UFID	Birthdate (mm/dd/yyyy)	Phone Number
_____	_____ _____	_____
Last Name	First Name Middle	Email Address
_____		
Mailing Address City State Zip Code		

Course Information and Signatures of Approval

_____	_____	_____	_____
Course 1	Class Number	Credit Hours	Instructor's Email Address – For Confirmation of Approval
_____		_____	
Instructor Signature		Dean of the College Offering the Course Signature	
_____	_____	_____	_____
Course 2	Class Number	Credit Hours	Instructor's Email Address – For Confirmation of Approval
_____		_____	
Instructor Signature		Dean of the College Offering the Course Signature	
_____	_____	_____	_____
Course 3	Class Number	Credit Hours	Instructor's Email Address – For Confirmation of Approval
_____		_____	
Instructor Signature		Dean of the College Offering the Course Signature	
_____	_____	_____	_____
Course 4	Class Number	Credit Hours	Instructor's Email Address – For Confirmation of Approval
_____		_____	
Instructor Signature		Dean of the College Offering the Course Signature	

Signature of Student

I understand that by auditing this course I will not receive course credit or a grade. I will receive a transcript with AUD listed in the grade field to show that I audited the course. I further understand that I owe fees for this audited course which I must pay to University Financial Services.

_____

Signature   Date   Email Address (Required)