MacEwan UNIVERSITY

Office of the University Registrar
T: 780-497-5000 | E: **info@macewan.ca**

REQUEST TO AUDIT FORM

Students who wish to take a course without earning credit may request to audit the course(s). Auditing is up to the discretion of the instructor, and **certain courses are not eligible** due to instructional type or delivery methods, such as labs or practicums. The following criteria apply to all audited courses:

1. Only students already admitted into a certificate, diploma, or degree program or Open Studies are eligible.
2. Students must meet all registration and fee deadlines and course requirements that apply to regular students.
   - A Course Audit fee of 50% of the course tuition plus any applicable material and special fees will apply.
   - The level of student participation and instructor feedback is determined by the instructor and Department Chair.
   - Audited courses will appear on transcripts with a grade of AU and are **not granted credit**.

Reference: *Enrolment Policy* and *Academic Calendar*.

PART 1 STUDENT INFORMATION (Please complete in full)

MacEwan ID:	Family (Last) Name:	First Name:	Middle Name(s):
Program:		Term:	Year:

I wish to audit the following course: _____/_____/_____
Course Subject & Number *Section* *Course Name*

Student's Signature: _____ **Signature Date:** DD_____ MM_____YYYY_____
A typed name will be accepted if sent from the student's @mymacewan.ca email account.

Once you have completed this section, submit the form to the course instructor. **Note:** You **must enrol** in the course before you submit this form to the instructor.

PART 2 TO BE COMPLETED BY THE INSTRUCTOR

◯ Approved ◯ Denied

Comments:

Instructor Signature: _____ **Signature Date:** DD_____MM_____YYYY_____

Once this section is complete, the instructor is responsible for forwarding the form to the Department Chair.

PART 3 TO BE COMPLETED BY THE DEPARTMENT CHAIR

◯ Approved ◯ Denied

Comments:

Department Chair Signature: _____ **Signature Date:** DD_____MM_____YYYY_____

Once this section is complete and the student is enrolled, the Department Chair is responsible for forwarding the form to the Office of the University Registrar (OUR) via RecordsUnit@macewan.ca.

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PART 4 TO BE COMPLETED BY THE OFFICE OF THE UNIVERSITY REGISTRAR

Course registration and grade adjusted to AU status _____. Adjustment of applicable tuition and fees _____.
Initials *Initials*

Receipt Number: _____ **Date:** DD_____MM_____YYYY_____

CLEAR FORM

PERSONAL INFORMATION COLLECTION NOTICE

The collection of the personal information requested in this form is authorized under section 4(c) of the *Protection of Privacy Act* (POPA). It will be used for the administration of services and the management of student records, and will be entered into and retained in the official university student information system database. Questions about the collection and use of this personal information should be directed to the Associate Registrar, Student Records and Services, in the Office of the University Registrar, MacEwan University, at info@macewan.ca.