 Office of the Registrar

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Flagstaff, AZ 86011

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[Registrar.Grades@nau.edu](mailto:Registrar.Grades@nau.edu)

**Audit Request Form**

Please write clearly to avoid any delays in processing your request.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name (First, Last):** | | | |  | | | **Student ID #:** | | |  | | |
| **Phone #:** | | ( ) - | | | | | **Email:** | | @nau.edu | | | |
| **Term:** |  | | **Class #:** | |  | **Subject, Catalog #, and Section:** | |  | | | **# of Units:** |  |

I allow permission to be added to the Wait List if the class is full if not already enrolled.

I acknowledge that I *may* need to also fill out the Override form for any additional permissions I *may* need to enroll into this class if not already enrolled.

**Student Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date**:** \_\_\_\_\_\_\_\_\_\_\_

**Audit Grading Basis**

Instructor’s signature required

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Signature: |  | Date: |  | Stamp: |  |