 Office of the Registrar

PO Box 4103

Flagstaff, AZ 86011

Fax: 928-523-1414

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: |  |