



Office of the Registrar  
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### 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: \_\_\_\_\_