Charles R. Drew University
of Medicine and Science

PETITION TO AUDIT A COURSE

- Fill out form and obtain prior approval by the program.
- Once approved, pay the applicable fee and/or tuition (if applicable) to the Office of Finance.
- Submit completed form to the Office of Registrar. Incomplete forms will not be accepted.

First Name _____ Last Name _____ Student ID _____

Phone _____ Email_____

Program _____

AUDIT COURSE INFORMATION

Semester	Course Number	Course Title	Units
Example: Summer 2025	*COM 113*	*Medical Terminology*	*3*

Reason For Auditing

PAYMENT LINK: https://commerce.cashnet.com/cdustore?ITEMCODE=ST-FSA131031
Students can submit payment for the AUDIT COURSE using the link above.

I am requesting permission to audit the course listed above. I understand and agree to pay the **non-refundable $35 administrative fee in full before** attending the course. I acknowledge that:

- **No academic credit or grade** will be awarded for audited courses.
- **Audited courses cannot be later repeated for a grade** by enrolling again and paying full tuition and fees.
- **Audit status is final** and cannot be changed to credit status.
- **Non-matriculating students** may audit courses **only with approval** from both the program director and course instructor, and are required to pay full tuition and fees.

Note: All fees are subject to change.

Student Signature_____ **Date**_____

PROGRAM APPROVAL

Student is approved to enroll in the requested course(s)? ☐ Yes ☐ No   If "No", please provide rationale:

_____

_____ _____ _____
Director Printed Name   Director Signature   Date

FOR OFFICE USE ONLY

Fee Paid: $_____

Registrar Signature:_____ Date Posted: _____