

Carson-Newman University

Audit Authorization

I give approval for :

Student Name _____ **ID #** _____

to enroll in the course listed below on an **AUDIT** Basis.

Course Subject, # and Section _____ **Credit Hours** _____

Semester or Term _____ **Year** _____

Instructor Name _____ **Signature** _____

Adviser's Name _____ **Signature** _____

I understand the catalog provisions for taking this course on an audit basis and that the hours taken as an audit **do not** count toward hours required for graduation and cannot be used for financial aid eligibility because they do not meet Course Program of Study Requirements.

Student Signature _____ **Date** _____

Please return completed form to The Registrar's Office at registrar@cn.edu