# REQUEST FOR TUITION WAIVER FOR AUDITING COURSE

Student's Name _____
Last First Middle

Course Name to be Attended _____

Term Requesting Tuition Waiver _____

Student's Address _____
Street Address

_____
City State ZIP

I understand that by signing this form that I will be auditing the above named course, and I will not receive a grade, transcript, or diploma that will reflect my attendance in this course. I also acknowledge that I am not being charged tuition for this course. I am taking this course for personal enrichment and will not monopolize the faculty member's class time.

_____ _____
Student's Signature Date

_____ _____
Faculty Member's Signature Date

_____ _____
Provost's Signature Date

**(THIS FORM SHOULD BE RETURNED TO THE REGISTRAR'S OFFICE AFTER THE ABOVE SIGNATURES HAVE BEEN OBTAINED.)**