



VISITING AUDITOR REGISTRATION FORM

You may only apply as an auditor during the schedule adjustment period (the 1st-5th day of classes). We cannot process applications prior to the first day of classes or after the 5th day of classes. More details on reverse side.

Name: _____ Last _____ First _____ Middle _____

Home Address: _____

City/State: _____ Zip: _____

Phone: Home (_____) _____ Cell (_____) _____ Email: _____

Date of Birth: _____ / _____ / _____

Ethnicity: • Are you Hispanic or Latino? Yes No

• Select one or more of the following racial categories:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Gender: Male Female Other

U.S. Citizen: Yes No // If no, country: _____

High School Graduate? Yes No | Year Graduated: _____ College Graduate? Yes No | Year Graduated: _____

Have you previously attended UNCG? (For Credit) Yes No | (For Audit) Yes No | Dates: _____

Are you enrolled as a UNCG student? Yes No (Currently enrolled students must apply for audit via the University Registrar's Office.)

COURSE: Please list only one course per registration form. **Thesis Dissertations and Independent Study Courses are not eligible.**

CRN#: _____ Course# (ex. ABC 300-01): _____ - _____ Title: _____

Instructor: _____ Semester: _____

Comments (reasons for taking course, background in this area, etc.): _____

Instructor Signature: _____ Date: _____

- Permission Granted (Instructor, please make note of the student's name, but DO NOT enter it on your class list.)
- Permission Denied; Reason: _____

REQUIRED INFORMATION: You must answer ALL SIX questions. For the purpose of the following six questions, "crime" or "criminal charge" refers to any crime other than a traffic-related misdemeanor or an infraction. You must include alcohol or drug offenses whether or not they are traffic related.

1. Have you been convicted of a crime? No Yes If yes, date? _____
2. Have you entered a plea of guilty, a plea of no contest, a plea of nolo contendere, or an Alford plea or have you received a deferred prosecution or prayer for judgement continued, to a criminal charge? No Yes
3. Have you otherwise accepted responsibility for the commission of a crime? No Yes
4. Do you have any criminal charges pending against you? No Yes
5. Have you ever been expelled, dismissed, suspended, placed on probation, or otherwise subject to any disciplinary sanction by any school, college, or university? No Yes
6. If you have ever served in the military, did you receive any time of discharge other than an honorable discharge?
 No Yes Currently serving Never Served

If you answered "yes" to any of the six questions above, please explain the circumstances on a separate sheet of paper. Sign and date your submission. You must promptly notify the Office of Admissions in writing of any criminal charge, any disposition of a criminal charge, or any school, college, or university disciplinary action against you, or any type of military discharge other than an honorable discharge that occurs at any time after you submit this form. Your failure to do so will be grounds to deny or withdraw your registration, or to dismiss you after enrollment.

PARTICIPANT SIGNATURE: I certify that the information given on this form is correct to the best of my knowledge.

Participant Signature: _____ Date: _____



VISITING AUDITOR REGISTRATION FORM

Complete this form to audit courses.

AUDITOR PARTICIPATION:

Auditors can participate in lecture courses when space is available and with the approval of the department head and/or the instructor. No credit is involved, no examinations are required, and no grades are reported. Permission to audit in no way constitutes admission to the University. No formal record of participation as a Visiting Auditor will be maintained. Access is not available to the Rec Center, Jackson Library, or Computer Labs.

PROCESSING PAPERWORK:

Fully complete the information on the front side of this form. *You are responsible for obtaining your instructor's signature.*

Return form, along with payment (via cash or check), to *University Registrar's Office*. *NOTE: You may only apply as an auditor during the schedule adjustment period (the 1st-5th day of classes). We cannot process applications prior to the first day of classes or after the 5th day of classes.*

Mail to:
 University Registrar's Office
 PO Box 26170
 Greensboro, NC 27402-6170

Drop off:
 180, Mossman Building (University
 Administration), 1202 Spring Garden St,
 Greensboro, NC 27412

Phone: 336.334.5946

AUDITING FEES:

- \$125 per course
- \$0 Senior Citizen (65 and older)

Fees are not processed until the application has been approved. Therefore, refunds are available by request if you are denied or if the class is cancelled.

PAYMENT:

\$ _____ Amount Enclosed (Make your check payable to UNC Greensboro)

MEDICAL WAIVER FOR PHYSICAL ACTIVITY COURSE:

If you are participating in a physical activity course, you must check the box and sign the statement below.

- I understand that this is a vigorous physical activity and contains certain elements of risk. I am aware that my enrollment in this class constitutes an assumption of risk because of the nature of the activity. UNCG, The School of Health & Human Sciences, Office of Undergraduate Admissions, and/or faculty or staff involved in this class shall not be held liable for any personal injuries or property damages incurred as a result of my participation in this class.

Participant Signature: _____ Date: _____

[More details about UNC Greensboro's course auditing process is available online at admissions.uncg.edu.](http://admissions.uncg.edu)