

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.

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.