

Course Audit Request Form

NOTE: The cost associated with auditing a course is equivalent to the cost that a matriculated student would be charged for the same course.

Submit the completed form to the Office of the Registrar via an email attachment: Registrar@sph.cuny.edu

Student Name: _____
Last First M.I.

Status at SPH: Graduate Doctoral

CUNYFirst ID Number: _____

Email Address: _____

Course Information that you wish to *Audit*:

Semester Course Prefix, Number and Section Credits

Department Course Title

Reason for auditing this course: _____

Student's Signature _____ / ____ / ____
Date

Student's Program - Department Chair; Doctoral Director or Course Instructor approval required

Approved Denied: _____
Comment if Denied

Department Chair (Print Name) Signature Date

******This form will not be processed without the appropriate signatures******

For Registrar's Office Use Only

Processed by Print Name Signature Date