Email completed form to registrar@northeastern.edu
Phone: 617.373.2300 • Fax: 617.373.5351 • www.northeastern.edu/registrar

AUDIT POLICY

Full-time Northeastern students (registered for 16 credits at the undergraduate level, full-time status at the graduate level, before the audit request) may, with permission, audit one class per term with no additional charge. Students are permitted to petition from the end of the course add period to the end of the third week of classes. Permission is based on the availability of a seat in the class and is at the discretion of the instructor and college.

All approvals as noted below must be obtained. Class participation requirements are at the discretion of the instructor. **Once a student opts to audit a course, the audit status of the course cannot be changed to receive an actual grade.** First-year undergraduate students may not audit classes.

This form, with all signatures, must be presented to the Office of the Registrar during the designated audit add period in fall and spring semesters only.

Excluded courses are co-op, labs, language courses, any off-campus course, any online course, and any course required for the major or degree. Audits carry no academic credit and do not appear on the official transcript.

Indicate term: ☐ Fall semester   ☐ Spring semester   Academic Year _____   Student Level: ☐ Undergraduate   ☐ Graduate

Student name _____   NUID _____

Course/subject number (e.g., ECON 1115) _____   CRN _____

REQUIRED SIGNATURES

Complete	College
A	All Colleges*
A and B	Students in Bouve College of Health Sciences Students in College of Arts, Media and Design
A and D	Courses in D'Amore-McKim School of Business
A and C, or A and D	Courses in Khoury College of Computer Sciences
*Information Systems, IS Bridge, Software Engineering Systems, and Data Architecture and Management programs do not allow students to audit their classes (INFO, CSYE, DAMG)	

	Signature Type	Signature	Print Name	Date
A	Instructor			
B	Advisor			
C	Student Services Director			
D	Associate Dean			

SIGNATURE OF STUDENT

I have read and understand the audit policy above.

Signature of student _____   Date _____

OFFICE USE ONLY

Name of staff
accepting petition _____   Date _____

Processed by _____   Date _____