



# Audit Registration Form

Student Name (please print): \_\_\_\_\_ ID number: \_\_\_\_\_

Program/Track: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Class to be audited:**

Course Number/Name: \_\_\_\_\_ Course Section: \_\_\_\_\_ Trimester: \_\_\_\_\_

**All signatures must be acquired in order.**

Step 1: **Audited course instructor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Step 2: **Academic Program director/manager:** \_\_\_\_\_ **Date:** \_\_\_\_\_

In signing this authorization, I certify that I am currently enrolled student at Maryland University of Integrative Health in good academic standing and have no outstanding financial balance to the institution. In addition, I certify that I am familiar with the regulations governing an audited class, which include a full commitment to the class by attending regularly. The audited class does not conflict with my currently enrolled courses and is on the approved list of classes established by the academic program. I agree to abide by the conditions of the audited class set by the instructor. I understand that after the first major assignment/exam or if the class has met for 50% or more of the allotted timeframe, that I may not change this registration from audit to credit.

Students must successfully meet the pre-requisite requirement of the audited course. Special permission by the academic director must be acquired in circumstances whereby students do not meet the pre-requisite requirement. Students do not get credit for audited courses. Nutrition students must get permission from the Academic Director to audit a course within that program.

Tuition to audit a required course for currently enrolled students within the students' current academic program is generally waived. Exceptions include: Courses not necessary to meet the requirements of a student's current program, courses in excess of his/her current program requirements, or courses in a different program that are audited are billed at 50% of the tuition rate for each audited course. Audits are limited based on available space. **This audit policy does not apply to the NCCAOM Review class and other courses not included on the approved course listing for audits.**

- **All online courses will be assessed a technology fee of \$25 per credit.**

In submitting this form and payment, I accept and agree to abide by MUIH's student policies and regulations, including the refund policy (available at [muih.edu](http://muih.edu), under Current Students). I understand that I am financially responsible for the cost of the course(s).

**Student's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Return completed form to the Registrar's Office or [registrar@muih.edu](mailto:registrar@muih.edu) or fax to 410-888-9278.