



# 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: **Department Chair for audited course:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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In signing this authorization, I certify that I am currently enrolled in a degree program 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 have read and understand the Course Audit Policy and the rules and regulations governing an audited course (available at <https://my.muih.edu/forms-policies-2/university-policies>). I agree to abide by the conditions of the audited class set by the instructor.

I understand that tuition to audit a required course within a student's current academic program is waived. All other audited courses are billed at 50% of the tuition rate; this includes all program electives that have not been completed previously for a grade.

**Although the tuition rate is reduced, other applicable fees of the University are not impacted.**

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).

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

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