

Audit Course Registration Exception

REGInitials _____
Term _____

Instructions

Submit this form to request audit registration transactions which **are not available** in Self Service Carolina. Refunds associated with these transactions are based on published course registration deadlines.

Complete the Following

Student Name: _____ USC ID: _____

Phone: _____ Email: _____

Term: _____ Fall _____ Spring _____ Summer Year: _____

In order to submit this form, you must answer no to both questions below:

Are you submitting this form to register/add a course as audit after the last day to add/drop? If you answered yes, you must complete the Registration Exception Form (AS-199).

_____ Yes _____ No

Are you submitting this form after the last day of class? If you answered yes, you cannot submit this form. Contact your academic dean regarding withdrawing after the last day of class.

_____ Yes _____ No

| Requested Action | Subject & Course Number | Course CRN | Credit Hours |
|--|-------------------------|------------|--------------|
| Add Audit Students must be registered in the course before submitting this form. | | | |
| Change Audit to Credit Through the last day to Drop/Add | | | |
| Drop/Delete Audited Course Through the last day to Drop/Add | | | |
| Withdraw- W Grade After last day to Drop/Add | | | |

Signing this form acknowledges that this request may affect fees and financial aid eligibility.

Student Signature: _____ Date: _____

Instructor Signature*: _____ Date: _____

*Required for Add Audit only

Office of the University Registrar

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UNIVERSITY OF
South Carolina