KANSAS STATE UNIVERSITY | Office of the Registrar

KState Course Audit Request Form

- This form is for students requesting to enroll in a course for audit (AU) status.
- Audit enrollment requires approval from both the course instructor and the college dean or their designee, and is subject to eligibility requirements, deadlines, and space availability as outlined in University Handbook F66 – Auditing Classes.
- Lifelong Learner audit provisions apply only to Kansas residents aged 60 or older and require separate verification.
- Audit forms may be submitted 5 business days prior to the first day of classes and must be submitted no later than day 5 of the semester (e.g., through the first week of the term or an equivalent percentage of course length).

Student Information

Student Name: _____ **WID:** _____

E-mail: _____ **Phone:** _____

Student Admit Status: Degree-Seeking   Non-Degree Seeking

Kansas Resident: Yes   No

Lifelong Learner Option (Age 60 or Older):   Yes   No

Course Information

Term: _____

Course Subject/Number	Credits	Class Number (5-digit)	Course Type: (lec/rec/etc…)	Course Title/Name

Lab / Studio / Activity: *These courses are generally not eligible for audit.*

Student Acknowledgement

You must acknowledge all items below:

I understand auditing does **not** earn academic credit and that I will be charged tuition and fees unless approved for the Lifelong Learner option.

I understand audited courses receive a grade of **AU**.

I will abide by the expectations for course engagement as laid out by the instructor.

I understand the audit enrollment is **space-available only,** and the status must be approved **by the audit deadline**.

I understand I may not convert an audit to credit after the deadline except by special approval.

Student Signature: _____ **Date:** _____

Instructor Approval

Approved   **Denied**

Instructor Name: _____
                                                    (printed)

Instructor Signature: _____   **Date:** _____

Dean / Designee Approval

Approved   **Denied**

Dean/Designee Name: _____
                                                    (printed)

Dean/Designee Signature: _____   **Date:** _____

Registrar Use Only

Audit Deadline Verified
KSIS Updated
Lifelong Learner Waiver Applied