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Mailing Address: Northeastern University, ATTN: Office of the Registrar, 230-271, 360 Huntington Avenue, Boston, MA 02115-5000

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**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.

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**REQUIRED SIGNATURES**

Indicate term:     Fall semester                       Spring semester                      Year \_\_\_\_\_

Student name \_\_\_\_\_ NUID \_\_\_\_\_

Course number (e.g., ECON 1115) \_\_\_\_\_ CRN \_\_\_\_\_

*Instructor signature required for all colleges except the D'Amore-McKim School of Business:*

Signature of course instructor \_\_\_\_\_ Date \_\_\_\_\_

Print instructor name \_\_\_\_\_

*Advisor signature required only for students in Bouvé College of Health Sciences and the College of Arts, Media and Design:*

Signature of student's advisor \_\_\_\_\_ Date \_\_\_\_\_

Print advisor name \_\_\_\_\_

*Associate dean signature required only for courses offered by the D'Amore-McKim School of Business:*

Signature of associate dean of college offering the course \_\_\_\_\_ Date \_\_\_\_\_

Print associate dean name \_\_\_\_\_

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**SIGNATURE OF STUDENT**

I have read and understand the audit policy above.

Signature of student \_\_\_\_\_ Date \_\_\_\_\_

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**OFFICE USE ONLY**

Name of registrar staff accepting petition \_\_\_\_\_ Date \_\_\_\_\_

Processed by \_\_\_\_\_ Date \_\_\_\_\_