

Information Regarding the Application to Audit a Course

This form is to be used to:

- request permission to audit a course at Trent University
- one form is to be used per course

Instructions for applicants:

1. Complete and sign the attached form;
2. Obtain permission from the instructor of the course and have the instructor complete and sign their section of the form;
3. Take the form to the Student Financial Services Office and make payment for the course you wish to audit;
4. Take the form and proof of payment to the Office of the Registrar.

Important notes:

- Review and become familiar with the Academic Information and Regulations in the Academic Calendar regarding Auditing Courses.
- Your application will not be processed if you have an outstanding balance owing to the University.
- The fee for an audit course is 50% of the regular per course tuition fee (refer to the Academic Calendar for details). Students auditing a course will not be charged ancillary fees for that course.
- Seniors (65+) pay \$200 to audit a course.
- A partial refund, according to the University fee refund schedule, will be made to audit students who notify the Student Financial Services Office *in writing* of their withdrawal before the final withdrawal dates, as published in the Trent University Academic Calendar. All refunds are subject to non-refundable \$50.00 administrative charge. There is no refund after the final withdrawal date.
- Audit students will be allowed to participate in classes (lectures, seminars, tutorials and labs) if the instructor approves but will not appear on class lists.
- Audit students will be required to conform to the enrolment deadlines that are applicable to all degree credit students.
- Once your application is approved and processed, you will receive a confirmation at the email address you provide on the form. After that, all communication will be sent to your Trent email address.
- Deadlines for submitting this application:
 - August 15th for fall applicants
 - December 15th for winter applicants
 - April 15th for summer applicants

Office of the Registrar
Trent University
1600 West Bank Drive
Peterborough, Ontario K9J 7B8
registrar@trentu.ca

Need assistance or have questions? Call us at 705-748-1215



Office of the Registrar
APPLICATION TO AUDIT A COURSE

Please review the *Information Regarding the Application to Audit a Course* before completing and submitting this form. It is strongly recommended that you review the Academic Information and Regulations in the Academic Calendar regarding Auditing Courses.

Full Name		Previous surname (if applicable)	
Date of Birth (yy/mm/dd)		Trent Student No.(if applicable)	
Current mailing address and city			Postal code
Phone No.		Email*	
*The email address you provide will only be used to notify you about the status of your application for auditing a course. Once you have been approved to audit a course, all official communication will be sent to your Trent email account.			

Course Code and Section: _____ Course Name: _____	
In which session and year do you intend to audit a course: <input type="checkbox"/> Fall/Winter _____ <input type="checkbox"/> Fall _____ <input type="checkbox"/> Winter _____ <input type="checkbox"/> Summer _____	
Are you a current student at Trent University?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you a Canadian citizen or a Permanent Resident? <i>If no, you must include a copy of your current study permit and complete a 'Declaration of Fee Status' form, available from our office.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Will auditing this course put you in course overload?	<input type="checkbox"/> YES <input type="checkbox"/> NO

I declare the above information is correct and complete, and acknowledge that:	
<input type="checkbox"/> I have reviewed Academic Information and Regulations regarding Auditing Courses in the Academic Calendar; <input type="checkbox"/> I have read the information regarding the Application to Audit a Course and agree to its conditions; <input type="checkbox"/> I may be required to provide documentation at some future date to substantiate information and that any misrepresentation of this data may result in the cancellation of my enrolment or registration status and is considered a breach of academic dishonesty; <input type="checkbox"/> It is my responsibility to familiarize myself with the academic and financial deadlines associated with auditing a course, and the regulations contained in the University Calendar.	
Student's Signature: _____ Date: _____	

This section to be completed by Instructor:

Do you wish the student to have access to Blackboard?	<input type="checkbox"/> YES <input type="checkbox"/> NO
I give permission for the student to audit the following course:	
Course Code and Section: _____ Course Name: _____ Session: _____	
Instructor's Signature: _____ Date: _____	

The information on this form is collected under the authority of the Trent University Act, 1963, and is needed to process your application to audit a course. The information will be used to track and monitor this process. If you have any questions about the collection, use or disclosure of this information by the University, please contact: the University Registrar, Blackburn Hall, by email registrar@trentu.ca or by telephone 705-748-1215.