

Audit Course Registration Exception

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.

Student's Printed Name: _____ USC ID: _____
Your USC ID can be found on the back of your Carolina Card

Email: _____ Term: _____ Fall _____ Spring _____ Summer Year: _____

In order to submit this form, you must answer no to the question below:

Are you submitting this form after the last day of class? _____ Yes _____ No

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

Requested Action	Course Subject	Course Number	CRN	Credit Hours
Add Audit Student must be registered in the course before submitting this form.				
	Instructor's Printed Name (required to add Audit):		Instructor's Signature (required to Add Audit):	
Change Audit to Credit Through the last day to Drop/Add				
Drop/Delete Audited Course Through the last day for a grade of 'W'				
Withdraw- W Grade After the last day for a grade of 'W'				

Student Financial Agreement/Signature

Student must acknowledge by **initialing** the statements below:

_____ If my classes have been dropped due to nonpayment and I wish to be re-enrolled in classes for the same term after the drop/add date, I may be assessed a \$75.00 Reinstatement Fee. This fee is assessed per occurrence each semester.

_____ I am responsible for payment of all tuition and fees to the University of South Carolina associated with these course(s) within 24 hours of being registered for these courses, and I have read and agree to abide by the terms of the Student Financial Responsibility Agreement. If I fail to abide by the Student Financial Responsibility Agreement, I understand my course(s) may be dropped from my schedule.

_____ I am aware of any financial consequence of this change to my registration.

Student Signature (required): _____ Date: _____

Bursar's Office Signature (required): _____ Date: _____
This student is authorized for this schedule adjustment.

Bursar's Office: Please route completed form to the University Registrar's office for processing.