# Office of the Registrar

# Application to Audit Courses

**General guidelines for auditing**

1. Auditors at MTSO must fulfill the requirements for auditors as stated by the instructor of the course they are auditing. These requirements may include readings, class attendance, and other appropriate forms of participation.
2. Auditors will not be required to submit written work for evaluation, nor to take examinations.
3. Auditors cannot request at a later date to receive academic credit for courses they audited.
4. Availability to audit individual courses at MTSO is subject to change based on the enrollment of credit-seeking students in the course.
5. Course instructors reserve the right to limit or prohibit auditor participation in their courses.

**AUDITING COSTS:**  **$200 per course ($75 for ages 60 and up)**
**FREE for employees, retirees, student spouses, and Parish Partner church members**

**REQUESTS MUST BE SUBMITTED TO THE REGISTRAR'S OFFICE NO LATER THAN ONE WEEK PRIOR TO THE FIRST CLASS MEETING.**

_____

Title        Last Name                                    First                        Middle                        Preferred Name

Relationship to MTSO (check all that apply):

_____no prior relationship (how did you hear about us?_____)

_____alumni (name you attended under, if different then above_____)

_____spouse of current MTSO student (spouse name: _____)

_____current or former employee of MTSO   or _____ spouse of current employee

_____member of MTSO Parish Partner Church (name of church: _____)

Full address:_____

Home Phone: _____ Cell Phone: _____ E-mail:_____

Current vocation: _____ Religious affiliation (if any): _____

Highest educational degree earned: _____Date:_____ Major field of study: _____

Social Security Number _____ Date of Birth_____

## AUDIT COURSE REQUESTS

TERM _____                    YEAR _____

| Course No. | Course Title | Days | Times | Instructor |
|---|---|---|---|---|
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

I understand the above information regarding auditing classes at MTSO.

_____   _____

**Auditor Signature**                                                  **Date**

| Consent of instructor required: |
|---|
| ____approved   ____denied |