

# 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
<b>Add Audit</b> 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):	
<b>Change Audit to Credit</b> Through the last day to Drop/Add				
<b>Drop/Delete Audited Course</b> Through the last day for a grade of 'W'				
<b>Withdraw- W Grade</b> 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.

**Office of the University Registrar**  
Columbia, SC 29208 | P 803-777-5555 | registrar@sc.edu

