AUDIT FEE WAIVER REQUEST FORM

This form is to be completed by the graduate student requesting a waiver for the audit registration fee. Audit fee waivers are typically only granted for the specific reasons listed below. Refer to the Audit Policy for further information about auditing courses and audit fee waivers.

_____   _____   _____
UR ID Number   Student Last Name   Student First Name

_____
Department/Program

☐ Adv. Cert.   ☐ Master's   ☐ PhD
Degree Program

☐ Fall   ☐ Spring   ☐ Summer   _____
Semester   Year

_____   _____   _____
Course Subject & Number   Title   Instructor*

*Instructor's permission to audit should be obtained on the Audit Request form and is not necessary on this form.

Rationale for auditing this course:

☐ 200-level language course required by the student's program.

☐ PhD student has completed the 90-credit coursework requirement and tuition waiver, and the student was not able to take this course previously (e.g., new course).

☐ Other, please describe.

_____   _____   _____
Student Signature   Advisor/Coordinator Signature   Date

Submission: This form should be submitted to your graduate program coordinator who will forward this form onto the GEPA Office for review and processing. You and your program coordinator will receive email confirmation when this form has been reviewed.

Questions? Please contact the GEPA Office at ASEGEPA@rochester.edu.

GEPA Office Approval _____ Date _____