



# Audit: Health Sciences Professional

Purpose: Used by Health Sciences Professional students who chose to audit a course (AU) as per the University Audit policy.

### Student Instructions:

1. Register for the appropriate course via CheckMarq.
2. Complete Sections 1 & 2 of this form using a computer.
  - a. a handwritten form will **not** be accepted.
  - b. an incomplete form will not be processed and returned to you for completion.
3. Print the form using the 'Print Form' button.
4. Sign the form in Section 3; a digital signature is **not** acceptable.
5. Take this form to your college office for processing before the last day to register for the class, as listed in the [Academic Calendar](#).
6. Allow one week for processing and then confirm your schedule change via CheckMarq.

**NOTE:** this form will not be accepted after the deadline.

### College Instructions:

1. Designate approval or denial and sign the request in Section 4.
2. Notify the student.
3. Scan the request to the Office of the Registrar via ImageNow. The Office of the Registrar will change the grading option in CheckMarq.

### Section 1: Student Information

Name \_\_\_\_\_ MUID \_\_\_\_\_  
Last name, First name, Middle name

Former Name(s) \_\_\_\_\_ Email \_\_\_\_\_@marquette.edu

Degree Program \_\_\_\_\_ Expected Graduation Term \_\_\_\_\_ Phone \_\_\_\_\_

### Section 2: Course Information

I hereby request the Audit grading option for the course indicated  
Note: this grade option will not be accepted to fulfill any degree requirements.

Term/Year	Session	Subject <small>(e.g., ENGL)</small>	Course/Catalog Number <small>(e.g., 1001)</small>	Section <small>(e.g., 101)</small>	Credits	Day/Times Class Meets

This course is part of my  Degree Requirements  Electives

### Section 3: Student Statement/Signature

I request the course above be changed to the Audit Grading Option. I accept responsibility for this grading option and acknowledge that I understand the grading policies, as outlined in the current Bulletin and the potential consequences to my degree progress if this request is approved.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Section 4: College Decision

Approved  Denied

Comments/Exceptions/Conditions \_\_\_\_\_

Signature of College Representative \_\_\_\_\_