

Duke University

Durham
North Carolina
27708-0965

The Divinity School
Office of Academic Formation and Programs
Box 90968

Telephone (919) 660-3428
Facsimile (919) 660-3575

SUMMARY OF AUDITOR PROCEDURES

1. Complete application and the audit form found below.
2. The student submits the completed application and form. *Please make sure to obtain faculty permission signature before returning form to the Office of Academic Formation and Programs, address below.

Office of Academic Formation and Programs
Duke Divinity School
108 Gray
Box 90968
Durham, NC 27708
3. The Office of Academic Formation and Programs will ensure the student is manually enrolled as an auditor in the designated course.
4. The Student will receive a NET ID at the email provided on their application, allowing her/him access to Sakai (online database where professors distribute course materials) as well as resources in the library.
5. The auditing student will be billed for the \$650 audit fee or may pay the fee by contacting the bursar office of Duke University (finance.duke.edu/bursar). Students with questions about billing should contact the Divinity office of Financial Aid, email Lenore Budget at lbudget@div.duke.edu

If the auditing student withdraws after drop/add period, no amount of the \$650 fee will be reimbursed.

Note: Auditors are exempt from payment of student health fees unless they elect to use student health services while enrolled as an auditor. Also, auditors will not normally carry university health and accident insurance unless they elect to do so. However, if an auditor takes 3 or more courses per semester, then both the student health services and insurance programs are required.

Auditor Application Form

FALL 201__ or SPRING 201__

Name _____
Last First Middle

Social Security Number _____

Date of Birth _____ Male Female
Mo. Day Year

E-mail Address _____ (This is the contact your information will be sent to)

Local Address _____
Street or P.O. Box City State Zip

Permanent Address _____
(Where you can always be reached) Street or P.O. City State Zip

Telephone Number: _____

Person to contact in case of emergency:

Name _____

Address: _____

Phone #: _____

Institution Last Attended:

_____ College/University Degree Received Date Degree Received

Denomination (Full Name) _____

Information on ethnic origin is requested to enable the University to compile statistical information for reports required by the Office of Education, Department of Health, Education, and Welfare. This information will not be made a part of your permanent record. Please check one.

African-American Asian-American Caucasian-American
 Native-American Hispanic-American Multi-racial Other _____
 International (Country) _____

Do you have health insurance? Yes No

If yes: your policy is underwritten by _____

local carrier/administrator _____

Which Divinity School course(s) do you wish to audit this semester & what is your reason(s) (use back of sheet if necessary?)

AUDIT FORM Fall 2017

*All completed forms must be submitted to:
The Office of Academic Formation and Programs- 108 Gray*

Student Name (please print): _____

Course to Audit: _____

[Course Subject]

(ex: PARISH, XTIANTHE, CHURMIN etc.)

[Course Number]

(ex: 701, 820, 999 etc.)

[Course section]

(ex: 01, 05, etc.)

"I understand that I will not be enrolled in any courses with conflicting meeting patterns."

Student Signature: _____ Date: _____

Signature of Instructor: _____ Date: _____

Note: Full-time students: (those taking 3 or more classes) are able to audit courses for free. **Part-time students:** (those taking 1 or 2 classes) will be charged a \$650 audit fee per course.

Reminder: drop/add for the Fall 2017 semester ends on **September 8, 2017 at 5:00pm**. This form must be turned in before this deadline.