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 $600 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 $600 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

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 Spring 2016

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 $600 audit fee per course.

Reminder: drop/add for the Spring 2016 semester ends on January 27, 2016 at 5:00pm. This form must be turned in before this deadline.