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 20____ or SPRING 201____**

**Is this enrollment for more than 1 semester?**  Yes     No

If Yes, what date will your enrollment end? ____________________________________________

**Name**

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
</table>

**Date of Birth**

<table>
<thead>
<tr>
<th>Mo.</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
</table>

**E-mail Address**

(This is the contact your information will be sent to)

**Local Address**

<table>
<thead>
<tr>
<th>Street or P.O. Box</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

**Permanent Address**

(Where you can always be reached)

<table>
<thead>
<tr>
<th>Street or P.O. Box</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

**Telephone Number:**

**Person to contact in case of emergency:**

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Phone #:</td>
</tr>
</tbody>
</table>

**Institution Last Attended:**

<table>
<thead>
<tr>
<th>College/University</th>
<th>Degree Received</th>
<th>Date Degree Received</th>
</tr>
</thead>
</table>

**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.

**Hispanic Latino (a)**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**Other ethnicity (Please check all that apply)**

<table>
<thead>
<tr>
<th>White</th>
<th>American Indian or Alaska Native</th>
<th>Black</th>
<th>Asian</th>
</tr>
</thead>
<tbody>
<tr>
<td>Native Hawaiian or other Pacific Islander</td>
<td>Prefer not to indicate</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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?)

Revised October 25, 2017
AUDIT FORM
Fall_Spring_20__

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.)

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: This form must be turned in before the Drop/Add deadline. The Drop/Add deadline can be found on the Duke Divinity website http://divinity.duke.edu/events/academic-calendar.