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 20___

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?  

Revised March 2, 2017
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.