SUMMARY OF AUDITOR PROCEDURES

1. Complete application and the audit form found below (with instructor signature) and send to academics@div.duke.edu and admissions@div.duke.edu.

2. The Student will receive a NET ID at the email provided on their application, allowing the student access to Sakai (online database where professors distribute course materials) as well as resources in the library.

3. The auditing student will be billed for the $700 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 finaid@div.duke.edu.

If the auditing student withdraws after drop/add period, no amount of the $700 fee will be reimbursed.

https://divinity.duke.edu/events/academic-calendar

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

Term: __________

Is this enrollment for more than 1 semester? Yes No
If Yes, what date will your enrollment end? ___________________________________________

Name ______________________________________________________________________________

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.

Hispanic Latino (a) Yes No Other ethnicity (Please check all that apply)

_____ White _____ American Indian or Alaska Native _____ Black _____ Asian

_____ Native Hawaiian or other Pacific Islander _____ Prefer not to indicate

_____ 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 attachment if necessary)?