

Audit students may attend classes but may otherwise participate in classes only to the extent permitted by the instructor. Audit registrations begin on the last business day prior to the start of classes. Students may not register to audit a course that is full or a course with a waitlist. **Students who have been withdrawn from the University as a result of an academic action or penalty of academic or non-academic misconduct are not permitted to audit courses.**

1. Before lectures begin, complete this form and take it to the instructor(s) to have each course audit registration approved (signed) in the space provided. Ensure you understand the extent to which you will be allowed to participate.
2. Undergraduate students wanting to register for audit in a graduate level course must contact the Faculty of Graduate Studies & Research. **Phone:** 306-585-4161 **Email:** grad.studies@uregina.ca.
3. Before you may attend the course, you must return this form to the Registrar's Office for processing. The completed form can be sent by mail, fax, or email to the Office of the Registrar, University of Regina, Regina SK S4S 0A2. **Fax:** 306-585-5203 **Email:** registration.office@uregina.ca.
4. The deadline to change from **credit** to **audit** is the last day to add courses. To make this change, contact the Registrar's Office (for undergraduate students) or the Faculty of Graduate Studies and Research (for graduate students).
5. The deadline to change from **audit** to **credit** (if you are eligible) is the last day to add courses without faculty permission. This change must be made at your faculty or college office using a registration form.
6. Registration in a lab or seminar requires the written approval of the instructor on this form.

SECTION 1: PERSONAL INFORMATION			
Legal Surname	Legal First Name	Legal Middle Name(s)	Student ID
Preferred name (if different from legal first name)	Previous name (if applicable)	Birthdate DD-MMM-YYYY	
Current mailing address – Apt #, Street or Box #			Social Insurance Number
City or Town	Province	Country	Postal Code
Phone: Home: ()		Cell: ()	Email:
Gender: Man: <input type="checkbox"/> Woman: <input type="checkbox"/> Prefer not to disclose: <input type="checkbox"/> Not Listed: _____			
Citizenship: Canadian Citizen: <input type="checkbox"/> Permanent Resident: <input type="checkbox"/> Study Permit: <input type="checkbox"/> Visitor/Tourist Visa: <input type="checkbox"/> Country of Citizenship: _____ First Language: _____			

SECTION 2: REGISTRATION INFORMATION							
FALL (Sept.-Dec.) <input type="checkbox"/>		WINTER (Jan.-Apr.) <input type="checkbox"/>		SPRING (May-Aug.) <input type="checkbox"/>		YEAR: YYYY	
CRN	Subject	Course Number	Section	Instructor Approval	Days	Start Time	End Time

I certify that all questions have been answered in full and the information provided is correct and complete. I agree to abide by University of Regina rules and regulations. I understand that otherwise my admission to or registration at this University may be revoked.

STUDENT'S SIGNATURE

DATE DD-MMM-YYYY

Your personal information is collected under the authority of the University of Regina Act, and in accordance with the Local Authority Freedom of Information and Protection of Privacy Act (Saskatchewan) and the Personal Information Protection and Electronic Documents Act (Canada), for the purpose of Audit Registration. If you have any questions about the collection, use, or disclosure of this information by the University of Regina, please contact the Head, Access to Information and Protection of Privacy, [\(306\) 585-5545](tel:3065855545).

OFFICE USE ONLY		
Date Received:	Date Completed:	Comments: