



Office of the Registrar
Ochre Court, Room 203
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Newport, RI 02840-4192
Tel: 401-341-2943 * Fax: 401-341-2996
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COURSE AUDIT

- No academic credit is granted for audited courses, and on successful completion, a grade of “AU” (audit) is recorded on the transcript.
- Tuition and Fees are available online at www.salve.edu/business-office
- Delinquent balances are subject to collection, and students are liable for any costs incurred in the process of such collection.

Student Name: _____
Student ID: _____ Academic Level: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate
Academic Year: _____
Semester: <input type="checkbox"/> Fall Semester (15 wk) <input type="checkbox"/> Fall Session I (7 wk) <input type="checkbox"/> Fall Session II (7 wk)
<input type="checkbox"/> Spring Semester (15 wk) <input type="checkbox"/> Spring Session I (7 wk) <input type="checkbox"/> Spring Session II (7 wk)
<input type="checkbox"/> Summer Semester (15 wk) <input type="checkbox"/> Summer Semester (10 wk)
<input type="checkbox"/> Summer Session I (7 wk) <input type="checkbox"/> Summer Session II (7 wk)

COURSE INFORMATION

Course Code: _____ **Section:** _____ **Title:** _____

ACKNOWLEDGEMENT OF RESPONSIBILITY

- I accept responsibility for the accuracy of all information on this form.
- I agree to notify the Office of the Registrar promptly in writing of any withdrawal or other change that affects my enrollment status in any class this academic term.
- I understand that delinquent student balances are subject to collection, and I am liable for any costs incurred in the process of such collection.

Student Signature: _____ **Date:** _____