



# VISITING AUDITOR REGISTRATION FORM

Complete this form to audit courses. Auditors CANNOT audit online courses.  
Details on reverse side.

Name: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Ethnicity: • Are you Hispanic or Latino?  Yes  No

Gender:  Male  Female  Other

U.S. Citizen:  Yes  No

N.C. Resident:  Yes (RCN# \_\_\_\_\_)  No

(If yes, provide RCN from NC public university residency determination service, [www.ncresidency.org](http://www.ncresidency.org))

• Select one or more of the following racial categories:

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

High School Graduate?  Yes  No | Year Graduated: \_\_\_\_\_ College Graduate?  Yes  No | Year Graduated: \_\_\_\_\_

Have you previously attended UNCG? (*For Credit*)  Yes  No | (*For Audit*)  Yes  No | Dates: \_\_\_\_\_

Are you enrolled as a UNCG student?  Yes  No (Currently enrolled students must apply for audit via the University Registrar's Office.)

COURSE: Please list only one course per registration form.

CRN#: \_\_\_\_\_ Course# (ex. ABC 300-01): \_\_\_\_\_ - \_\_\_\_\_ Title: \_\_\_\_\_

Instructor: \_\_\_\_\_ Semester: \_\_\_\_\_

Comments (reasons for taking course, background in this area, etc.): \_\_\_\_\_

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Permission Granted (Instructor, please make note of the student's name, but DO NOT enter it on your class list.)

Permission Denied/Reason \_\_\_\_\_

**REQUIRED INFORMATION:** You must answer ALL SIX questions. For the purpose of the following six questions, "crime" or "criminal charge" refers to any crime other than a traffic-related misdemeanor or an infraction. You must include alcohol or drug offenses whether or not they are traffic related.

1. Have you been convicted of a crime?  No  Yes If yes, date? \_\_\_\_\_
2. Have you entered a plea of guilty, a plea of no contest, a plea of nolo contendere, or an Alford plea or have you received a deferred prosecution or prayer for judgement continued, to a criminal charge?  No  Yes
3. Have you otherwise accepted responsibility for the commission of a crime?  No  Yes
4. Do you have any criminal charges pending against you?  No  Yes
5. Have you ever been expelled, dismissed, suspended, placed on probation, or otherwise subject to any disciplinary sanction by any school, college, or university?  No  Yes
6. If you have ever served in the military, did you receive any time of discharge other than an honorable discharge?  
 No  Yes  Currently serving  Never Served

If you answered "yes" to any of the six questions above, please explain the circumstances on a separate sheet of paper. Sign and date your submission. You must promptly notify the Division of Online Learning in writing of any criminal charge, any disposition of a criminal charge, or any school, college, or university disciplinary action against you, or any type of military discharge other than an honorable discharge that occurs at any time after you submit this form. Your failure to do so will be grounds to deny or withdraw your registration, or to dismiss you after enrollment.

PARTICIPANT SIGNATURE:  I certify that the information given on this form is correct to the best of my knowledge.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### AUDITOR PARTICIPATION:

Auditors can participate in lecture courses when space is available and with the approval of the department head and/or the instructor. No credit is involved, no examinations are required, and no grades are reported. Permission to audit in no way constitutes admission to the University. No formal record of participation as a Visiting Auditor will be maintained. Access is not available to the Rec Center, Jackson Library, or Computer Labs.

### PROCESSING PAPERWORK:

Fully complete the information on the front side of this form. *You are responsible for obtaining your RCN (residency confirmation number) and instructor's signature.*

Return form, along with payment (via cash or check), to UNC Greensboro Office of Undergraduate Admissions.

UNC Greensboro Office of Undergraduate Admissions  
Armfield-Preyer Admissions & Visitor Center  
1400 Spring Garden Street  
Greensboro, NC 27412

Phone: 336.334.5243

### AUDITING FEES:

- \$125 per course
- \$0 Senior Citizen (65 and older)

Fees are not processed until the application has been approved. Therefore, refunds are available by request if you are denied or if the class is cancelled.

### PAYMENT:

\$\_\_\_\_\_ Amount Enclosed (Make your check payable to UNC Greensboro)

### MEDICAL WAIVER FOR PHYSICAL ACTIVITY COURSE:

If you are participating in a physical activity course, you must check the box and sign the statement below.

I understand that this is a vigorous physical activity and contains certain elements of risk. I am aware that my enrollment in this class constitutes an assumption of risk because of the nature of the activity. UNCG, The School of Health & Human Sciences, Office of Undergraduate Admissions, and/or faculty or staff involved in this class shall not be held liable for any personal injuries or property damages incurred as a result of my participation in this class.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**More details about UNC Greensboro's course auditing process is available online at [admissions.uncg.edu](http://admissions.uncg.edu).**