

Audit Instructions

Audit Forms will only be accepted beginning on the first day of the term that you want to audit and the deadline to submit audit forms is the census date of that term. Please refer to the Census Dates on the [Academic Calendar](#) for the deadline dates.

GENERAL UTSA INFORMATION

1. **Bacterial Meningitis vaccine requirement:** All students attending UTSA under the age of 22 and will be attending face to face courses must provide documentation of the vaccine. Go to utsa.edu/health to read the bacterial meningitis notice and view information on providing documentation.
2. **Community borrowing program:** Non-student auditor who would like library privileges may receive them through the community borrowing program. More information available at lib.utsa.edu or at the UTSA Library front desk on the 3rd floor of the John Peace Library Building.
3. **Parking:** Refer to the UTSA parking website for parking options. www.utsa.edu/campuservices/parking

AUDIT APPROVAL PROCESS

1. Obtain Audit Course Form online utsa.edu/registrar/forms/auditcourse.pdf. A separate form must be completed for each course to be audited. No grades will be provided, no credit will be awarded, and no official records are made of audit enrollments.
2. Audit form is a fillable PDF. Utilize the fillable PDF function and sign form electronically. Audit students must have a valid email address.
3. Fill out correct course information. Due to the format of studio/laboratory/computer use, auditors will not be approved for ART courses or any course that requires the use of University computing systems.
4. You can check the ASAP schedule of classes to see if a course has open seats (auditing a course is subject to space availability)
 - a. Go to my.utsa.edu
 - b. Click on Class Schedule under Student Resources
5. Email the (1) Instructor and (2) Department Chair to obtain electronic signatures.
 - a. Go to utsa.edu/directory for instructor and department chair locations, phone and email.
NOTE: Auditing is at the discretion of the instructor.
6. Email completed Audit form to fiscal.services@utsa.edu to pay for the audit course fee.
7. Once fee has been paid, email receipt and completed audit form to studentrecords@utsa.edu. *Seat availability and holds are checked. If no seats are available, or if registration holds exist, the course will not be added.

AUDIT COURSE FEES

- Nonstudents Auditors – non-refundable fee of \$50 per course
- UTSA students not registered for current term – non-refundable fee of \$50 per course
- UTSA students registered for the current term – non-refundable fee of \$25 per course
- Person 65 and older – no fee

myUTSA ID: _____ Student's First Name: _____ Last: _____



Audit Course Form

Please write legibly or type. Read the Audit Checklist before completing this form.

STUDENT INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Date of Birth (Required: MM/DD/YYYY): _____ Phone Number (Required): _____

Preferred Email (Required): _____ myUTSA ID (if known): _____

COURSE INFORMATION

For which term do you wish to audit? Fall Spring Summer Year: _____

What course do you wish to audit? CRN: _____ Subject: _____ Course #: _____ Section #: _____

With a few exceptions, you are entitled on your request to be informed about the information U.T. San Antonio collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review this information. Under Section 559.004 of the Texas Government Code, you are entitled to have U.T. San Antonio correct information about you that is held by us and that is incorrect, in accordance with the procedures set forth in the University of Texas System Business Procedures Memorandum 32.

SIGNATURES

By signing this form, I acknowledge that I have read and understand all policies listed on the Audit Checklist regarding auditing courses.

Student: _____ Print Name: _____ Date: _____

Instructor: _____ Print Name: _____ Date: _____

Department Chair: _____ Print Name: _____ Date: _____

**** FOR OFFICE USE ONLY - PLEASE ROUTE FORM TO: ****

1. Fiscal Services:

Payment Received _____

(place stamp below)

2. Office of the Registrar:

Capacity _____

Holds/Meningitis _____

Processed by _____

Date _____

(place stamp below)