



JOHNS HOPKINS  
U N I V E R S I T Y

**SAIS SUMMER PROGRAMS  
CHANGE TO CREDIT FORM**

Date: _____		
_____	_____	_____
First Name	Middle Name	Last Name

Course Number	Course Title	Instructor Name

This student has my permission to change the audit status of the above course to credit for the current summer term.

Instructor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_

Student's Signature \_\_\_\_\_

**Note that once changed from audit to credit, the course status cannot be reverted to audit.**

Submit this form to:

Office of Summer Programs  
1740 Massachusetts Ave., N.W., Room 403  
Washington, D.C. 20036  
202.663.5671 / 202.663.5670 fax  
sais.summer@jhu.edu

[www.sais-jhu.edu/academics/non-degree/summer](http://www.sais-jhu.edu/academics/non-degree/summer)