



JOHNS HOPKINS  
UNIVERSITY

**SAIS NON-DEGREE PROGRAMS 2010-2011  
OFFICIAL AUDIT FORM**

Date: _____		
Social Security Number (optional)	Last Name	First Name

Course Number	Course Title	Instructor Name

This student has my permission to audit the above course during the:

\_\_\_ Fall 2010 semester    \_\_\_ Spring 2011 semester

The student must attend all class sessions and complete the additional requirements described below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Note:** This form is due no later than the seventh week of classes of the above semester. Once changed to audit, the status of the course may not be reverted to credit.

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

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This form is due by Monday, March 7, 2011.**

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

Submit this form to:  
Office of Non-degree Programs  
1740 Massachusetts Avenue, N.W., Room 403  
Washington, D.C. 20036  
202.663.5671 / 202.663.5670 fax

sais.nondegree@jhu.edu  
[www.sais-jhu.edu/nondegree/parttime](http://www.sais-jhu.edu/nondegree/parttime)