

Section I: Student

Student name: _____ NSU ID: N _____

Student email: _____ Telephone number: _____

Reason for audit request: _____

Health Professions Division (HPD) Student: Yes No

| Course Ref. No. | Subject | Course No. | Section | Course Title | Term and Year |
|-----------------|---------|------------|---------|--------------|---------------|
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I assume responsibility for all audit course rules listed on the registrar's website and understand that I will not receive any academic credit or financial aid for this course. The course will be listed on my transcript with a grade of "AU".

Student Signature:* _____ Date: _____

Section II: Instructor

Instructor Name: _____ email: _____

Instructor Signature:* _____ Date: _____

I give permission for the above student to audit my class. Yes No

Section III: Department Chair/Director

Department Chair/Director Name: _____ email: _____

Department Chair/Director Signature:* _____ Date: _____

I give permission for the above student to audit this class. Yes No

If approval is granted, please submit along with completed Student Transaction Form below to regops@nova.edu.

Section IV: Registrar's Office

Date received: _____ Date processed: _____ Printed Name: _____

Signature:* _____



Student Transaction Form

(one semester per form only)

STF

Last Name _____ First Name _____ Middle Initial _____

NSU ID _____ Phone Number _____ Semester _____

This form is ONLY to be used for registration or withdrawal requests that cannot be completed in real time through SharkLink or Self-Service Banner, for instance, after the drop/add period has passed. **Please note that all students registering for classes MUST complete a Student Enrollment Agreement (SEA) each semester.** Registration will not be completed until the SEA has been submitted online. To complete the SEA, follow the steps below:

Log in to **SharkLink** ▶ locate the **Academic Profile** widget ▶ Click on the **Register** button ▶ Select **Register for Classes** to be prompted to complete the SEA.

Allow three business days for your request to display on your student record. However, requests submitted will not be processed if you fail to complete the SEA.

Courses to Add

| Course Ref. No. | Subject | Couse No. | Section | Course Title | Start Date/End Date | Cr. Hrs. |
|-----------------|---------|-----------|---------|--------------|---------------------|----------|
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Courses to Drop or Withdraw

| Course Ref. No. | Subject | Couse No. | Section | Course Title | Start Date/End Date | Cr. Hrs. | Last Date of Attendance Office Use Only |
|-----------------|---------|-----------|---------|--------------|---------------------|----------|--|
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Student Signature

Date

Academic Advisor Signature

Print Name

Extension

Date

| Office Use Only | |
|-----------------------|---------------|
| _____ Processed by | _____ Date |