Office of the Registrar
11762 106 Street NW, Suite 1000
Edmonton, Alberta T5G 3H1
Phone: 780.471.6248 Toll Free: 877.333.6248
Fax: 780.471.8490

NAIT OFFICE OF THE REGISTRAR

AUDIT REQUEST APPROVAL FORM

An Audit Student is a student in any program/course who observes designated course activities, but whose work is not evaluated and grades are not awarded. Approval of the Program Leader is required to register. Approval and registration must be completed prior to the start of the course and is subject to the availability of space, impact on other students and such other factors as may be deemed important by NAIT. The cost to audit a course is 75% of the normal tuition rate. A grade of AU will be reported on the student's transcript and will not be changed to a letter grade or credit.

PART 1 – STUDENT INFROMATION

NAIT Student ID #	Family Name:	First Name:

COURSE DETAILS:

Course Name:		
Class #:	Section #	Course Start Date:
Course Name:		
Class #:	Section #	Course Start Date:
Course Name:		
Class #:	Section #	Course Start Date

REASON FOR REQUEST

Student Signature _____ **Date:**_____
MM/DD/YY

Protection of Privacy: Your personal information is collected by NAIT pursuant to its authority under the Post-Secondary Learning Act (Alberta) and in accordance with Section 4(c) of the Protection of Privacy Act (Alberta) (POPA). NAIT will protect personal information in accordance with Section 10 of POPA. Pursuant to Sections 12 and 13 of POPA, personal information will be used and disclosed for the purposes of this form. Note that NAIT uses automated systems to generate content and to make decisions, recommendations, and predictions. The personal information collected may be included for use in these automated systems. Please note that the collected personal information may be transmitted to or stored on servers outside of Canada, and that NAIT cannot guarantee protection against disclosures because of foreign laws. Should you require further information about collection, use, and disclosure of your personal information, please contact Office of the Registrar at 780.471.6248 or toll-free at 1.877.333.6248.

OFFICE OF THE REGISTRAR

PART 2 – AUDIT APPROVAL

Program Leader/Designate (print name):_____

Signature _____ **Date:** _____
Signature MM/DD/YY

HOW TO SUBMIT

Program Leader: Once this form has been reviewed and signed by the Student and the Program Leader, please submit this form to the Records team in the Office of the Registrar.

OFFICE USE ONLY

Received by the Office of the Registrar **Date:** _____
MM/DD/YY

Office of the Registrar (print name):_____

Signature _____ **Date:** _____
Signature MM/DD/YY

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