



**SPECIAL PROGRAM FEE DISCOUNT  
FOR AUDITING A COURSE**

Permanently, totally disabled persons or persons 60 years of age or older who are domiciled in Tennessee, may audit courses without paying tuition, maintenance fees, or general access fees as long as classroom space is available. Participants must pay the application fee and any special activity fees associated with courses. Program participants may begin to register **four weeks prior** to classes beginning. Proof of permanent total disability or age will be required at the time of registration and enrollment confirmation.

Students who audit are expected to attend class but are not required to hand in assignments or to take examinations. They are enrolled in classes on a non-credit basis but must be admitted to the University as regular or special students. This form will not be accepted later than the **last day to add a course(s)** at the beginning of each semester as stated on the University Calendar. If student decides not to attend, he/she must notify the Office of Student Affairs and submit a withdrawal.

**STEPS:**

- o Apply for Admission
- o Show proof of age or disability and pay application fee in Business Office
- o Meet advisor for advisement and completion of Audit form
- o Obtain permits, if needed, from departments
- o Provide Health Services with health forms (meningitis/hepatitis)
- o Registration Office will register student if students prefers and is eligible
- o Check Account Summary on line
- o Confirm schedule on line

**\*\*After student has registered, he/she should check his/her account summary, via Eagle on line, for the possibility of any additional fees. If there are none, student should confirm schedule by published deadline. If there are additional fees, student should contact the Business Office.\*\***

NAME: \_\_\_\_\_ T#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TERM: \_\_\_\_\_

1. SUBJ\_\_\_\_\_ SECT \_\_\_\_ CRN \_\_\_\_\_ HRS\_\_\_\_      3. SUBJ\_\_\_\_\_ SECT \_\_\_\_ CRN \_\_\_\_\_ HRS\_\_\_\_  
 2. SUBJ\_\_\_\_\_ SECT \_\_\_\_ CRN \_\_\_\_\_ HRS\_\_\_\_      4. SUBJ\_\_\_\_\_ SECT \_\_\_\_ CRN \_\_\_\_\_ HRS\_\_\_\_

REASON FOR AUDITING: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

**STUDENT MUST RETURN THIS FORM TO ADVISOR IN PERSON.**  
(STUDENTS DO NOT WRITE BELOW)

APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Academic Advisor)

APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Director of Records and Registration)

APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Business Office)