



OFFICE OF THE REGISTRAR

o. (201) 684-7695 | f. (201) 684-7956
e: reg@ramapo.edu | ramapo.edu/registrar

AUDIT GRADE REQUEST

An audit grade is given for completion of a course (except for exams and required papers), if requested by the deadline posted on the Academic Calendar. No credit is given for this course. The same tuition and fees apply as in the case of enrollment for credit.

Student Information

Last Name: _____ First Name: _____

R# _____ Ramapo Email: _____@ramapo.edu

Course Information

Fall Winter Spring Summer Year: _____

Course Title: _____

CRN: _____ Course Section ID (ex. BIOL 101-01): _____ - _____

By signing below, I acknowledge that I am requesting to audit this course and no letter grade or credit will be issued. I understand that the same tuition and fees will apply as in the case of enrollment for credit.

SIGN HERE → Student's Signature: _____ Date: _____

Registrar Use Only

Initials: _____ Date: _____

Rev. 1/25