



Faculty/Staff Application to Audit One Course with Tuition and Fees Waived

Applicant: As a regularly-appointed member of the University of Iowa faculty or staff, you are eligible to audit one University of Iowa course per semester without being assessed tuition and mandatory fees for that course. **To qualify for this benefit, your supervisor must verify that auditing the course will contribute to your professional development in your current position.** You must be admitted to the University either in a degree program or as a nondegree student. Any accommodation or modification related to work hours for class attendance requires approval of your employing unit. You will be subject to a late registration penalty if you register on or after the first day of classes.

Complete Applicant Information and Course Information in Sections 1 and 2. Print the form. Sign in Section 1. Obtain signatures in Sections 2 and 3. (Faculty must also obtain a signature in section 4.) If you are already admitted to the University, take the signed form to the Registrar Service Center, 17 Calvin Hall, to register. If you are not admitted to the University, complete the application for admission as a nondegree student at the [Office of Admission's Website](#). The transcript requirement is waived and there is no application fee when you are applying in order to participate in the staff audit program. After you have been admitted, take this signed form to the Registrar Service Center to register. You will be notified by email when the tuition and fees have been removed for this registration.

Section 1: Applicant Information

Name: _____ University ID Number: _____
E-mail: _____ Position Title: _____
Department: _____ Campus Address: _____ Phone: _____
Signature: _____ Date: _____

Section 2: Course Information and Instructor Authorization

Semester: _____ Year: _____ SUBJ:CRSE:SECT (new format): _____ : _____ : _____
Course Title: _____ Semester Hours: **0 (zero)**
Instructor Name: (print) _____

I authorize the applicant to audit this course.

Instructor Signature: _____ Date: _____

Section 3: Authorization by Employee's Supervisor or Department Head

By my signature, I verify that this course will contribute to the employee's professional development in the employee's current position.

Supervisor/Department Head Name: (print) _____
Signature: _____ Date: _____

Explain how this course will contribute to employee's current position.

Section 4: Authorization by College Dean or Associate Dean (required for faculty only)

By my signature, I verify that this course will contribute to the employee's professional development in the employee's current position.

Signature: _____ Date: _____