

## Request to Audit a Course

(Please Print Legibly)

Name: \_\_\_\_\_ SID#: \_\_\_\_\_ DOB: \_\_\_\_\_  
Last First M.I.

UWP Email Address: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

**Current Classification:**  Undergraduate  Graduate  Non-Degree

### Important Information:

1. Request must be submitted to the Office of the Registrar/Student Records on or before the last day to add a class with ONLY a permission number or Change from credit to audit or audit to credit with ONLY a permission number. (See Important Semester Date and Deadlines in the *Course Schedule* for specific dates).
2. Only students receiving Social Security Disability Insurance and those aged 60 or older when classes begin may audit classes at no charge.
3. All students have the option of auditing a course, though this means that they will not receive credit for it toward graduation, major requirements, financial aid eligibility, or class load.
4. During the registration period, including the first week of classes, audit registrations will be accepted for courses other than those closed to auditors. If an instructor does not grant permission to one or more registered auditors to continue in a particular course (because of lack of space or other valid reason), the instructor should so notify each student, in writing with a copy to the registrar.

### Instructions to Student:

1. Please complete all information above.
2. Take this form to your instructor(s) and obtain his/her signature(s) after discussing the audit requirements.
3. Return this form with the required signature(s) to the Registrars/Student Record's Office.

**I REQUEST PERMISSION TO AUDIT:** Semester \_\_\_\_\_ Year \_\_\_\_\_

Class #	Dept.	Course #	Section	Course Title	Course Instructor's Signature	Date
Class #	Dept.		Section	Course Title	Course Instructor's Signature	Date
Class #	Dept.		Section	Course Title	Course Instructor's Signature	Date

I understand that processing this request may produce a balance owed and it is my responsibility to contact the Cashier's Office and determine what charge, if any has been added to my account. I realize that a hold will be placed on my student record unless the balance is paid as soon as possible to the Cashier's Office. This fee charge is subject to a monthly interest charge of 1%.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Office Use Only:**

Date processed: \_\_\_\_\_

Initials: \_\_\_\_\_