Office of the Registrar

Petition to Audit Course

Please submit this form to Student Services, Recitation Hall Room 21, or email the completed form to registrar@wittenberg.edu. Requests to audit are due by the last day to add classes for the term and may be rejected if they are not received by the deadline.

There is a fee to audit courses. For current pricing, please contact Student Financial Services at (937) 327-6146 or sfs@wittenberg.edu.

Student Name: _____   _____   _____   _____
                          Last   First   MI   ID#

Email: _____   Phone #: _____

By signing below, I agree that in auditing this course, I will abide by the requirements for auditor status as set by the instructor of this course. I acknowledge that **I will not receive credit for this course** now or at a later time. I further understand that if I decide not to continue in the course, I must contact the Registrar's Office to officially drop the course from my record.

Student's signature _____   **Date** _____

I request permission to audit the following course:

Semester/Year _____   Instructor Name _____
                (e.g. Spring 2020)

Department _____   Course Number _____   Section Number _____
                (e.g. PSYC)   *(e.g. 100)*   *(e.g. 01)*

_____   _____
Instructor's Signature indicating approval to audit course   Date

OFFICE OF THE REGISTRAR USE ONLY	
Date processed: _____	Processed by: _____