



Office of the Registrar

Lifelong Learner Registration Form

Email the completed form to registrar@wittenberg.edu prior to the start of classes. Requests are reviewed **during the first week of classes**. Requests may be denied if space is not available or if the form is received after the last day to add a course.

Students over 60 years of age who wish to continue their education and personal learning may audit (taken not-for-credit) any regular* credit-bearing course for a flat rate (see Tuition & Fee schedule for rate) per semester **on a space available basis**.

**This benefit does not extend to special courses as independent study or summer field studies. For non-credit-bearing courses, students must pay the published fees.*

Student Name: _____
Last First MI ID#

Email: _____ Phone #: _____

Street Address _____ City _____
State _____ Zip _____

Have you taken a course at Wittenberg before? ☐ Yes ☐ No

Last 4 digits of your Social Security Number (SSN): _____

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
(Note from Registrar: Signature does not guarantee seat; space must be available).

OFFICE OF THE REGISTRAR USE ONLY

Date processed: _____ Processed by: _____