



## Office of the Registrar

**Petition to Audit Course**

Email the completed form to [registrar@wittenberg.edu](mailto: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.

**There is a fee to audit courses.** Please review the online Tuition & Fee Schedule for current pricing.

**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

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

**OFFICE OF THE REGISTRAR USE ONLY**

Date processed: \_\_\_\_\_ Processed by: \_\_\_\_\_