REQUEST TO AUDIT A CLASS

A current student may request to enroll in an approved course in audit status by completing Section 1 of this form and receiving authorization from the appropriate dean/designate in the student's school as noted in Section 2 of this form. The deadline to request audit status is the add/drop deadline for the class.

<u>Section 1</u>

Name: _____
                                       (Last name)   (First name)   (Middle name)

Program: _____

MCW Email Address: _____

Term for which you would like to register: Fall   Spring   Summer (Graduate School only)

Class(es) for which you would like to register in audit status:
(Subject: PUBH, Course Number: 18203, CRN: 1234)

Subject: _____   Course Number: _____   **C**ourse **R**eference **N**umber: _____

Subject: _____   Course Number: _____   **C**ourse **R**eference **N**umber: _____

I hereby request audit status in the class(es) referenced above. I understand that I will receive an audit grade (AU) and no credit, and that the class(es) do not count toward my enrollment status (e.g. full-time, half-time). I further understand that if I am a graduate student, I will be assessed a $100.00 fee per audit course.

Student Signature: _____ Date: _____

<u>Section 2</u>

I approve/deny the student's request as noted above (circle one).

Required Dean/Designate Signature: _____ Date: _____

ALL COMPLETED FORMS MUST BE RETURNED BY THE SCHOOL TO:
Office of the Registrar, M3200, 8701 Watertown Plank Road, Milwaukee, WI 53226 · acadreg@mcw.edu /414-955-8733

Registrar Signature: _____ Date: _____