Request to Audit a Class

Circle one: Fall  Spring  Summer I  Summer II  Year: ______________

____________________________________________________________________

Last Name                              First                                    Middle               WFU ID Number

Changes to Audit mode MUST be made **no later than the first day of classes**.

Department/Course Number/Section: ___________________________________________

Course Title and Instructor’s Name:  _____________________________________________

Course Reference Number (CRN): _______________________________________________

REQUIRED APPROVALS:

________________________________________________ Date: ____________________

Instructor’s Signature (required)

NCAA Athletes ONLY: __________________________________________________________

Athletic Counselor’s approval