



Approval for Audit Form Office of Graduate Studies

Semester: ___ Fall ___ Spring ___ Intersession ___ Spring Break ___ Summer Year: ___

Name/ID#	Name: _____ ID#: _____
Email	_____

<u>5-Digit Code #</u>	<u>Dept.</u>	<u>Course #</u>	<u>Section #</u>	<u>Course Title</u>	<u>Sem. Hrs.</u>
____	_____	____	____	_____	____
____	_____	____	____	_____	____
____	_____	____	____	_____	____

I authorize the Office of Graduate Studies to record an official audit as noted above.

Student signature: _____
(signature) (date)

Instructor signature: _____
(signature) (date)

NOTE: You must obtain approval to audit within the first four weeks for full semester courses or within the first two weeks for courses scheduled less than a full semester or you will receive a grade. Audited courses carry no academic credit but count towards billable hours.

RETURN FORM TO: Office of Graduate Studies, Old Main, Room 101, 181 White Street, Danbury, CT 06810 or to graduateadmissions@wcsu.edu