

Approval to Audit a Class

Office of the Registrar

181 White Street, Old Main 102 Danbury, CT 06810 Phone: (203) 837-9200 Fax: (203) 837-9049 www.wcsu.edu/registrar

Semester:	∐ Fall ∐ Inte	rsession Spring S	Summer 20	Date:	
Name:				Date of Birth:	
	Last	First	MI	WCSU ID:	
I am requesting per 5-DIGIT CF		the following course: SUBJECT	COURSE NO).	2-DIGIT SECTION
I authorize the regi Student's Signature Instructor's Signatu	<u></u>	n official audit as noted abo		Date: _	
two weeks for co	ourses schedule	ed less than a full seme	ester, or you will rece	eive a grade	er courses, or within the first e. Audited courses carry no oward a degree program.
WESTERN CONNECTICUT STATE UNIVERSITY	Approv	val to Audit a	a Class		Office of the Registrar 181 White Street, Old Main 102 Danbury, CT 06810 Phone: (203) 837-9200 Fax: (203) 837-9049 www.wcsu.edu/registrar
Semester:	Fall Inte	rsession Spring S	Summer 20	Date:	
Name:	Last	First	MI		th:
I am requesting per 5-DIGIT CF		the following course: SUBJECT	COURSE NO). 	2-DIGIT SECTION
I authorize the regi	strar to record ar	official audit as noted abo	ove.		
Student's Signature:				Date: _	
Instructor's Signature:				Date: _	

Note: You must obtain approval to audit a class 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 toward billable hours. Audited courses are not eligible for use toward a degree program.