



# 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  Intersession  Spring  Summer 20\_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First MI

Date of Birth: \_\_\_\_\_

WCSU ID: \_\_\_\_\_

I am requesting permission to audit the following course:

5-DIGIT CRN	SUBJECT	COURSE NO.	2-DIGIT SECTION

I authorize the registrar to record an official audit as noted above.

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.



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