



# Request for Audit

To audit a UWSI course, students must fill out this form and return it to the UWSI Registrar ([registrar@unity.org](mailto:registrar@unity.org)) before the start of the term.

Student Name:		Date:
Student Email:		Student Birthday:
Course:	Faculty:	Term/Year:

<b>Reason for Audit:</b>          
<b>Requirement: Regular attendance and involvement is required to successfully complete an audited course.</b>
<b>Grading Options:</b> <b>AU = Successful Audit</b> or <b>WA = Withdraw or Unsuccessful Audit</b>
<b>Grade for Student</b> _____

Signatures:    Student: \_\_\_\_\_ Date: \_\_\_\_\_

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

(Faculty signature will be obtained by UWSI Registrar.)

**Registrar to complete:**

Date grade recorded:
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Signature:    Registrar: \_\_\_\_\_ Date: \_\_\_\_\_