



# Request for Audit

To audit a UWSI course, students must fill out this form and return 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:

**Reason for Audit:**

**Requirement: Regular attendance and involvement is required to successfully complete an audited course.**

**Grading Options:**                    **AU = Successful Audit**            or            **WA = Withdraw or Unsuccessful Audit**

**Grade for Student** \_\_\_\_\_

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

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

(Faculty signature will be obtained by UWSI Registrar.)

**Registrar to complete:**

Date grade recorded:

Signature: Registrar: \_\_\_\_\_ Date: \_\_\_\_\_

