Request for Audit

To audit a UWSI course, students must fill out this form and return to the UWSI Registrar (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: ____________

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