



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: _____

