

**PERMISSION TO AUDIT A CLASS**

Name: \_\_\_\_\_ ID # \_\_\_\_\_

VU E-mail address: \_\_\_\_\_ Date: \_\_\_\_\_

College (circle): A&S    CBA    ENGR    NURS                      Class (circle):    FR    SO    JR    SR

Major(s): \_\_\_\_\_ Expected Month/Year of graduation \_\_\_\_\_

Degree expected: \_\_\_\_\_ Cumulative gpa: \_\_\_\_\_ Last semester gpa: \_\_\_\_\_

How many credits do you still need to complete your degree? \_\_\_\_\_

Do you plan to teach at the secondary level?            Yes \_\_\_\_\_ No \_\_\_\_\_

**I REQUEST PERMISSION TO AUDIT THE FOLLOWING CLASS:**

Fall 20 \_\_\_\_\_ Spring 20 \_\_\_\_\_ Summer I 20 \_\_\_\_\_ Summer II 20 \_\_\_\_\_

<u>Course/Title</u>	<u>Credits</u>
_____	_____
<b><u>TOTAL COURSE CREDITS (excluding audit)</u></b>	_____

Reason for this request (use back of this form if necessary):

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REQUIRED SIGNATURES:**

\_\_\_\_\_ Date: \_\_\_\_\_ Yes \_\_\_ No \_\_\_ No Opinion \_\_\_  
(Adviser's Signature)

\_\_\_\_\_ Date: \_\_\_\_\_ Yes \_\_\_ No \_\_\_  
(Chair of Department of Course)

**RETURN COMPLETED FORM TO REGISTRAR'S OFFICE**