

Course Audit Permission Form (Online Registration Only)

Course Auditor Name: _____
Course Auditor GWID: _____
Course Auditor's Email/Phone: _____

Course Professor or Official Approver's Name: _____
Course Title: _____
Course Number: _____
Course CRN: _____

The signature below indicates that the above approver gives the auditor permission to audit the course indicated above. This allows the auditor to be registered for the class through the Office of Registrar. The auditor will be allowed to attend classes and have access to class materials. The auditor will not be graded and is not expected to turn-in assignments, unless an agreement is reached between the professor and auditor.

Professor's Printed Name

Professor's Signature

Date

*Note: In order for registration to be completed, a permission form or an email from the approver stating his/her permission must accompany the Course Audit Online Registration Form.