



## Request to Audit a Class

Office of the Registrar

WJC ID # \_\_\_\_\_ Are you a:     student     alum     employee

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Personal email \_\_\_\_\_

Fall           Spring           Summer          Year: 20\_\_\_\_\_

Course # \_\_\_\_\_          Section #: \_\_\_\_\_          Credits: \_\_\_\_\_

Course title \_\_\_\_\_

Instructor \_\_\_\_\_

**Note: Audit fee tuition is 1/2 the cost of academic credit**

\_\_\_\_\_  
*Student signature*

\_\_\_\_\_  
*date*

\_\_\_\_\_  
*Advisor Approval (required for matriculated students)*

\_\_\_\_\_  
*date*

**I give permission for the above named individual to audit my course**

\_\_\_\_\_  
*Instructor Signature*

\_\_\_\_\_  
*date*

**Submit to the Registrar's Office**