



REQUEST TO AUDIT A CLASS

A current student may request to enroll in an approved course in audit status by completing Section 1 of this form

Subject: _____ Course Number: _____ Course Reference Number: _____

I hereby request audit status in the class(es) referenced above. I understand that I will receive an audit grade (AU) and no credit, and that the class(es) do not count toward my enrollment status (time/fulltime). I further understand that if I am a graduate student, I will be assessed a \$100.00 fee per audit course.

Student Signature: _____ Date: _____

Section 2

I approve/deny _____ We request _____ above (circle one).

Required Dean/Designate Signature: _____ Date: _____

ALL COMPLETED FORMS MUST BE RETURNED BY THE SCHOOL TO:
Office of the Registrar M3200, 8701 Watertown Plank Road, Milwaukee, WI 53226 adreg@mcw.edu 414-955-8733

Registrar Signature: _____ Date: _____