Office of the
University Registrar
25 University Avenue, West Chester, PA 19383
Ph: 610-436-3541 Fx: 610-436-2370
www.wcupa.edu/registrar

WCU ID# _____
Required

COURSE AUDIT FORM

Instructions: Please complete all information on the form and return to the Registrar's Office for processing. This form does not register you for the course. This is an application to Audit (Grade = AU) this course. Schedule for the course as you would any other course adhering to standard deadlines. This form must be filed by the end of the ninth week of the semester. Please refer to the Undergraduate Catalog for more information on course audits.

Term: ☐ Fall _____ ☐ Spring _____ ☐ Summer _____
(Year) (Year) (Year & Session)

Please check: ☐ Undergraduate ☐ Graduate

Student Name: _____

I request to audit the following course (**Note: you may only Audit one course per semester**):

Class #	Subject	Catalog #	Section	Course Title
Time	**Room**	**Credits**	**Instructor's Printed Name**	
Date			**Instructor's Signature**	

I understand that once this agreement is made, it may not be changed. I further understand that the grade of Audit (AU) will be recorded and the course may not be counted towards a degree requirement. The course will be carried on my transcript and will be counted for billing purposes.

This agreement applies only to the course listed above and is not transferable. At the end of the 9th week, the Office of the Registrar will automatically assign the grade of AU to this course.

Student's signature/Date (required): _____

Fees: If part-time, the per credit fee applies. If full-time, there is no additional charge if the student remains between the 12-18 credit limit for an undergraduate or 9-15 credit limit for graduate students. Overloads are charged at the appropriate per credit rate.

Office Use Only

Processed by: _____ Date: _____