**Villanova University**

**Office the Registrar**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Audit Request Form**

**This form does not constitute an original registration for a course, and should be completed only for a course for which you are officially registered.**

**Courses may be audited only with the *consent* of the *instructor* of the course and *Department Chair or Faculty Advisor*.**

**The student must attend all classes and labs and participate in class in the manner expected of all students.**

**A student auditing a course will not be responsible for assignments or examinations, and no academic credit is earned for auditing a course. However, audited courses are noted on the student’s official record by AU. A course taken for audit is counted as a course for course overload purposes.**

**The audit option must be declared by the end of the drop/add period (first week of class).**

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

**Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Term: \_\_\_\_\_\_\_\_\_Fall \_\_\_\_\_\_\_\_\_\_\_Spring \_\_\_\_\_\_\_\_\_\_\_Summer**

**Course CRN (5 digits):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Course Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Section:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instructor’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student’s Department Chair or**

**Faculty Advisor’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*For VSB Students Only:**

**Instructor’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**VSB Students-Clay Center**

 **Advisor’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*Please return completed form to the Registrar’s Office\*\***