WESTERN CONNECTICUT STATE UNIVERSITY

Approval For Audit

Office of the Registrar
181 White Street, Old Main 102
Danbury, CT 06810
Phone: (203) 837-9200
Fax: (203) 837-9049
www.wcsu.edu/registrar

Semester: ☐ Fall ☐ Intersession ☐ Spring ☐ Summer 20_____

Name:_____ Date of Birth:_____ WCSU ID:_____
LAST FIRST MI

5-DIGIT CRN	SUBJECT	COURSE NO.	2-DIGIT SECTION	#CREDITS	INSTRUCTOR NAME

I authorize the registrar to record an official audit as noted above.

Student's signature: _____ Date: _____

Instructor's signature: _____ Date: _____

Note: You must obtain approval to audit within the first four weeks for full semester courses or within the first two weeks for courses scheduled less than a full semester or you will receive a grade. Audited courses carry no academic credit but count towards billable hours.

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