



# Request for Audit

To audit a UWSI course, students must fill out this form and return to the UWSI Enrollment Coordinator ([enrollment.uwsi@unity.org](mailto:enrollment.uwsi@unity.org)) before the start of the term.

Student Name:		Date:
Student Email:		Please Choose One: Student Minister Board Member
Course:	Faculty:	Term/Year:

**Reason for Audit:**

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**Requirement: Regular attendance and involvement is required to successfully complete an audited course.**

**Grading Options:**            **AU = Successful Audit**            or            **WA = Withdraw or Unsuccessful Audit**

**Grade for Student** \_\_\_\_\_

Signatures: Student: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty: \_\_\_\_\_ Date: \_\_\_\_\_

(Faculty signature will be obtained by UWSI Enrollment Coordinator.)

**Enrollment Coordinator to complete:**

Date grade recorded:
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