



## Request to Audit a Course

Office of the Registrar; Viterbo University; 900 Viterbo Drive; La Crosse WI 54601

Phone: 608-796-3180 [www.viterbo.edu](http://www.viterbo.edu) [registrar@viterbo.edu](mailto:registrar@viterbo.edu)

PLEASE PRINT CLEARLY AND FILL IN ALL INFORMATION

Student Name \_\_\_\_\_ Student ID number \_\_\_\_\_

Course Information \_\_\_\_\_

	Dept.	Number	Section	Title	Credits
___ Fall	___ Spring	___ Summer	Year: 20 _____		

1. Complete one form for each course you plan to audit.
2. Turn in form to Registrar's Office anytime after you register for the course but NO LATER than Friday of the first week of classes.
3. You may not change from Audit to Credit after the first week of classes. You may not change from Credit to Audit after the eighth week of classes.
4. You will receive a grade of AU for the course. No credit is earned for a course that is audited. You must pay all tuition and fees associated with the course.

_____	_____	_____
Name of Instructor (Please Print)	Signature of Instructor	Date

_____	_____
Signature of Student	Date