Divine Word College
Educating Tomorrow's Missionaries

AUDIT REQUEST FORM
Student taking a course without academic credit or assessment

Rev. 6/10/14

Auditors are expected to attend all classes, but they are not responsible for assignments, tests, and examinations. Additionally these interactive processes are not available to the student through the school's learning management system, Populi.

Student's Full Name: (Print) _____

I wish to audit:
Course Name and Number
Reason for request:

Student: _____
Signature and Date

____Approved   ____Rejected   _____
                                 Date   Course Instructor's Signature
Comments:

____Approved   ____Rejected   _____
                                 Date   Academic Advisor's Signature
Comments:

____Approved   ____Rejected   _____
                                 Date   VPAA's Signature
Comments:

Upon routing completion, this form is filed in the student's permanent record in the Registrar's Office.