



## AUDIT Request Form

Registrar's Office, Kipling Rd, PO Box 676, Brattleboro, VT 05301-0676  
802 258 3283 (office); 802 258 3470 (fax); [www.sit.edu](http://www.sit.edu)

<b>Name:</b> _____ <small>(Last Name)                      (First Name)                      (MI)</small>	<b>Student ID N°:</b> _____
<b>SIT e-mail:</b> _____	<b>Telephone N°:</b> _____
<b>Term/Year:</b> _____	<b>Program/Degree:</b> _____
<b>Student Signature:</b> _____	<b>Date:</b> _____

**Directions for AUDITING a course:**

If you wish to audit a course, you must obtain the instructor's permission (signature) before submitting this form. Please note that this does not guarantee a place in the class; registration is approved on a space-available basis. If the course has a wait list, we will add your name to the waitlist and contact you if a place opens and you are next on the waitlist.

<b>Course N°:</b>	<b>Course Title:</b>
<b>Instructor Signature to Approve Audit:</b>	<b>Date:</b>

Once completed, please submit this form to the Office of the Registrar. Thank you.