REQUEST FOR AUDIT **Whitworth University, Spokane, WA 99251**

Student name _____ ID# _____
Last First M.I.

Course number _____ Course title _____

Signature of Instructor _____ Date _____

An Audit fee may apply in any of the following:

- undergraduate students for Overload (in excess of 17 credits)
- if you are Laureate Society and in excess of 19 credits
- if you are a matriculated evening student for Overload (in excess of 8 credits).

This is an agreement between you and your instructor. Form must be submitted by 5:00 pm on 10th day of each Semester.

By signing this form, I understand that this action is irreversible once the form has been submitted to the Registrar's Office.

Signature of student _____ Date _____

Registrar's Office _____ Date _____