

# REQUEST FOR COURSE AUDIT



**Office of the Registrar**  
800 University Drive  
AD Bldg 207  
Maryville, MO 64468

Office: 660-562-1151  
Fax: 660-562-1993  
[registrar@nwmissouri.edu](mailto:registrar@nwmissouri.edu)

## Form Instructions:

- Student completes the fields listed below and saves completed form to computer.
- Student attaches saved form and emails (from Northwest email account) this completed request form to primary advisor and instructor of the course.
- Advisor and instructor forward the form indicating approval to the Registrar's Office ([registrar@nwmissouri.edu](mailto:registrar@nwmissouri.edu)) from Northwest email account. Graduate Office should also be copied for Graduate Students.
- Instructor communicates course expectations back to student.
- Registrar enrolls student in course.
- Student pays tuition/fees.
- Student must attend course regularly, and instructor may drop the student from the class within published drop dates if expectations are not met, and the audit will not appear on the student's record.

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**Date:** \_\_\_\_\_

**Semester:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**Student ID #:** \_\_\_\_\_

**Student Signature/Date:** \_\_\_\_\_

**Instructor Signature/Date:** \_\_\_\_\_

**Advisor Signature/Date:** \_\_\_\_\_

## COURSE TO BE AUDITED

**Dept #/ Course #/Section #:** \_\_\_\_\_

**Course Title:** \_\_\_\_\_

**Credit Hours:** \_\_\_\_\_

**Course Reference Number (CRN):** \_\_\_\_\_

**Reason for Audit Request:** \_\_\_\_\_