ECE AUDIT REQUEST FORM

Please complete the Audit Request Form to request enrollment in an ECE Graduate Level Course for an Audit Grade. Requests will be considered based on seat availability.

Deadline: Form must be submitted before 4:00PM on the third day of the first week of classes. Please submit form to the ECE Forms Submission Portal. Don't forget to include the Instructor portion of the form.

Department will review your request and notify you by the last date to add.

AUDIT OF ECE COURSES IS BY PERMISSION ONLY.

Failure to submit the Audit Request Form by the deadline will result in you being dropped from any ECE Course in which you are enrolled under the Audit Option.

STUDENT MUST COMPLETE

Name: _____VT ID: _____VT Email_____

Degree: _____Program: _____Faculty Advisor: _____

Term: _____ CRN: _____Course #: _____Title: _____Instructor_____

Reason for Audit Registration:

_____
_____

INSTRUCTOR MUST COMPLETE

List requirements for audit grade:

_____
_____

Instructor's Signature: _____Date: _____

I understand I am required to satisfy the above listed requirements to earn an audit grade.

I agree to communicate with the instructor if I have any concerns or questions about my audit enrollment.

Student's Signature: _____Date: _____

DEPARTMENT APPROVAL

Signature: _____Date: _____