

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 and if the class allows audits.

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](#). It is the responsibility of the student to get the instructor portion fully filled out and signed. Department will review your request and notify you by the last day to add classes.

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 (REQUIRED):

Instructor's Signature: _____ Date: _____

I understand I am required to satisfy the above listed requirements to earn an audit grade. I understand that failure to do so will result in an F on my transcripts.

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: _____