



ILLINOIS WESLEYAN
UNIVERSITY

Office of the Registrar

Audit Authorization

Name: _____ ID: _____

E-mail: _____ Phone: _____

The following course should be designated Audit (not for degree credit).

Requires Instructor's permission.

I plan to audit this course in the FALL SPRING of _____ (year).

Course Title: _____

CRN, Department, Course Number-Section: _____

Instructor's Name: _____

Instructor's Signature: _____

Your Signature: _____ **Date:** _____