

Course Audit Request Form

Notes:

Full Name:		 The student's audit request is approved by the faculty. The course is not at maximum enrollment as of the course start date. Georgetown CCPE retains the right to approve or deny substitution 			
			deny substitution		
		Inst 1. 2.	Structions: Complete all required information Submit this form: By Email to ccpeprograms@georgetown.edu with subject line Audit Request		
Program complete	ed:				
				0	T= 1
Course number	Course name			Start Date	Term
requires faculty app	ny request will be reviewed by the Cent proval. I understand that a staff membe e audited course will not be transcripted	er will a d and t	add my name to the cours hat my academic record v	e roster as a non-re	gistered auditor. I
For office use	only:				
The program mana	ger must notify the faculty member tea	ching	the course and receive w	ritten approval (e.g.	email) from the faculty.
Date Received:	Student GL	JID: _			
Clear Balance App	roval: (initials)				(date)
Faculty Approval R	eceived Date:Pro	gram ¹	Manager Approval:	(initials)	(date)

The student completes and submits the audit request form.

The student registered for and completed the course in a previous

The student has no outstanding financial balance with the University. The student's audit request is approved by the program manager.

The program manager must upload to student's record in Destiny, add the student's name and GUID to the course roster, and note the student's status on the course roster.