GEORGETOWN UNIVERSITY
School of Continuing Studies
Center for Continuing and Professional Education

# Course Audit Request Form

**Full Name:** _____

**NetID:** _____ **GUID:** _____

**Phone:** _____

**Email:** _____

**Program:** _____

**Term:** _____

**Program completed**: _____

| Course number | Course name | Start Date | Term |
|---|---|---|---|
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I understand that my request will be reviewed by the Professional Development & Certificates Department on a space available basis and requires faculty approval. I understand that a staff member will add my name to the course roster as a non-registered auditor. I understand that the audited course will not be transcripted and that my academic record will not be changed.

Student Signature _____ Date _____

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For office use only:

The program manager must notify the faculty member teaching the course and receive written approval (e.g. email) from the faculty.

Date Received: _____ Student GUID: _____

Clear Balance Approval: _____ (initials) _____ (date)

Faculty Approval Received Date: _____ Program Manager Approval: _____ (initials) _____ (date)

Notes:

The Academic Department 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.