**Policy:**
Georgetown University Professional Certificate Program completers are permitted to audit courses under the following conditions:

- The student completes and submits the audit request form.
- The student registered for and completed the course in a previous term.
- The student has no outstanding financial balance with the University.
- The student’s audit request is approved by the program manager.
- The student’s audit request is approved by the faculty.
- The course is not at maximum enrollment as of the course start date.
- Georgetown PDC retains the right to approve or deny substitution petitions based on academic standards.

**Instructions:**
1. Complete all required information
2. Submit this form:
   - By Email to pdcprograms@georgetown.edu with subject line Audit Request
   - In person to the front desk, 640 Massachusetts Ave. NW, Washington, DC 20001

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**Course Audit Request Form**

<table>
<thead>
<tr>
<th>Full Name:</th>
<th>GUID:</th>
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</thead>
<tbody>
<tr>
<td>NetID:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td></td>
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<tr>
<td>Email:</td>
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<tr>
<td>Program:</td>
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<tr>
<td>Term:</td>
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</tbody>
</table>

Program completed: ________________

<table>
<thead>
<tr>
<th>Course number</th>
<th>Course name</th>
<th>Start Date</th>
<th>Term</th>
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</table>

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.

Revised May 2015