



WHEATON COLLEGE

For Christ & His Kingdom

Auditor Application

(Non-Degree seeking students and Non-alumni)

Auditors must have a high school diploma or high school equivalency

Auditors are not required to complete course assignments, papers, or tests. The audit fee is **\$100 per course** (plus any applicable course fees). No course credit is earned for audited courses and the course will not be recorded on a transcript. Some courses such as private lessons cannot be audited. Please complete one form for each class you wish to audit. There is a maximum of two audits per semester.

Alumni who wish to audit a course should complete the "Alumni Audit" form, available from the Alumni Association Office, rather than this form.

Forms must be submitted by the registration add deadline for the course (view the calendar of academic deadlines on the Registrar's Office website [here](#)). **Audit forms will not be accepted after the add deadline, and it is not possible to submit a petition for late audit registration.**

To Register:

1. Complete this form and take it to the first class meeting.
2. Ask the instructor to sign the form to indicate your acceptance in the class.
3. Return the form to the Registrar's Office by the registration add deadline.
4. After the Registrar's Office has confirmed your registration through email, you can pay for the course through the Student Financial Services Office or using the Wheaton Student Billing & Payment Gateway. Payment cannot be processed until your registration is confirmed.

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Country of Citizenship: _____ Gender: M F

Birthdate: ____ / ____ / ____

Previously enrolled at Wheaton? No ____ Yes ____ Yr of last attendance _____

Student ID # _____ (if known)

Previous Education:

High School: _____ Dates Attended: _____

College: _____ Dates Attended: _____

Diploma/Degree: _____

Course(s) you want to Audit: (Please find available courses using our course schedules.)

CRN: _____ Dept.: _____ Course No.: _____

Title: _____ Days/Time: _____

Instructor's Signature: _____

CRN: _____ Dept.: _____ Course No.: _____

Title: _____ Days/Time: _____

Instructor's Signature: _____

Program Director Signature (Doctor of Ministry courses only) _____

I understand that I am responsible for all my student account charges and agree to comply with all financial policies and conditions published in the College catalog. I understand if my account remains unpaid 60 days after enrollment ceases, it will be subject to credit bureau reporting, and I will be responsible for any principal, interest, late charges, and collection costs. Additionally, my registration assumes I have read the Community Covenant in full and agree to abide by it.

Signature of Applicant: _____ Date: _____