

## Auditor Application

(Non-Degree seeking students and Non-alumni)  
*Auditors must have a high school diploma or high school equivalency*

Any person interested in auditing a course may do so on a *space available basis* after students taking the course for credit have registered and with instructor approval. Auditors are not required to complete course assignments, papers, or test. 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.

**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 2nd week of the course.
4. You can pay for the course at Student Accounts or a bill will be mailed to you.

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First Name	Middle Initial	Last Name
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Street Address	City	State	Zip
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Social Security No. \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Country of Citizenship \_\_\_\_\_ Gender: (circle) M F Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Previously enrolled at Wheaton? No \_\_\_ Yes \_\_\_ Yr of last attendance \_\_\_\_\_ Student ID # \_\_\_\_\_  
*(if known)*

**Previous Education:**

High School \_\_\_\_\_ Dates Attended \_\_\_\_\_

College (s) \_\_\_\_\_ Dates Attended \_\_\_\_\_

Diploma/Degree \_\_\_\_\_

**Course you want to Audit:**

CRN	Dept.	Course No.	Title	Days/Time	Instructor's Signature
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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.

**Date** \_\_\_\_\_ **Signature of Applicant** \_\_\_\_\_