Office of the Registrar
500 Glenridge Ave.
St. Catharines ON L2S 3A1
T: 905.688.5550 x3099
F: 905-988-5488
www.brocku.ca/registrar

Request for Course Audit

STUDENT INFORMATION

Name:	**Brock Student ID Number:** | | | | | | |
Street:	**Telephone:**
City: **Province:**	**Email:** @brocku.ca
Postal Code:	**Correspondence will be through Brock email account only.*

COURSE INFORMATION

Subject	Course No.	Duration	Section	Year	Session	Add
1. |__|__|__|__|	|__|__|__|__|	|__|__|	|__|__|	|_____|	|__|__|	☐
2. |__|__|__|__|	|__|__|__|__|	|__|__|	|__|__|	|_____|	|__|__|	☐

A request to change from degree credit to audit status must be received by the Office of the Registrar no later than the last day to withdraw from a course (of that duration) without academic penalty. No credit or assessment of performance will be given.

Signature: _____ Date: _____

Approval from Instructor

I hereby give permission for the student named above to register for the course indicated.

Instructor signature: Date:

Approval from Finance and Administrative Services

It has been verified that this student's financial account is in good standing and registration course changes may be completed.

Finance signature: Date:

Approval from the Goodman School of Business (for Business students only)

It has been verified that this student meets the course restrictions and has completed all course prerequisites and this addition will not cause the course selection to exceed the maximum course enrollment.

Goodman School of Business signature: Date:

Protection of Privacy: The information gathered on this form is collected under the authority of the Brock University Act, 1964. The information is used for the academic, administrative and statistical purposes of the University. This information is protected and is being collected in accordance with the Freedom of Information and Protection of Privacy Act. Questions regarding the collection or use of this personal information should be directed to the University Registrar at Brock University in ST 301, or at 905-688-5550, ext. 3430 or see www.brocku.ca/registrar.

FOR OFFICE USE ONLY

Effective date of change: |Y|Y|M|M|D|D|

☐ SP ☐ SU ☐ FW |Y|E|A|R|

Signature: _____