UW School of Pharmacy

Request for Permission to Audit a Course
(Part 1 of 2)

This form is to be used by a School of Pharmacy student who has been required by the Student Promotion Committee (SPC) to audit a course that was previously completed for credit. The SPC academic advisor, student, and course instructor need to complete this form. The SPC academic advisor will provide the student with a copy of the form after it has been completed and all signatures obtained. Submission of the form allows the student to audit the course; it does not register the student for the course. Registration for the course must be completed by the student once approval to take the course has been granted.

Student’s Name: _____________________________________________________________________________

ID Number: ___________________________ E-mail Address: ______________________________________

Student Level (circle one): DPH-1  DPH-2  DPH-3   DPH-4   TOX-3  TOX-4

Semester/Year:   Fall 20_____   Spring 20_____   Summer 20_____

Course Number & Title: ______________________________________________________________________

Credits: _______________ Call Number: ___________________

Will the student register for the course?    Yes     No

Description and requirements/expectations of auditing this course by the SPC:

1.   Student will attend lectures

2.   Student will take exams and report the results to the SPC academic advisor

3.   Other:__________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

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_______________________________________________________________________________________

_______________________________________________________________________________________

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Instructor’s specific requirements for a satisfactory audit of the course:

☐ Student will attend lectures
   Please note if a level of attendance is required:

☐ Student will take exams
   Please note if a level of competency is required:

☐ Student will participate in lab
   Please note if a level of competency is required:

☐ Student will hand in assignments
   Please note if a level of competency is required:

☐ Student will participate in the class discussion section
   Please note if a level of competency is required:

We have discussed the requirements for satisfactorily auditing this course.

Student’s signature: ________________________________________________ Date: ______________
Instructor’s signature: _____________________________________________ Date: ______________
SPC advisor’s signature: ___________________________________________ Date: ______________
UW School of Pharmacy

Request for Permission to Audit a Course
(Part 2 of 2)

Student’s Name: __________________________________________________________

Course Number & Title: ____________________________________________________

(End of the semester, instructor use only)

☐ As agreed upon, the student did not officially register for this course and did not appear on the course roster. Please comment on the student’s performance this past semester.