



# WILLIAM & MARY

## Graduate Arts & Sciences

### Audit Course Form

Use this form to audit an undergraduate or graduate course at William & Mary.

- For all courses: Obtain the approval of the course instructor and the Director of Graduate Studies for your graduate program.
- For courses in the School of Education or School of Marine Science: Also obtain the approval of school's Associate Dean of Academics.
- For courses in the School of Law or School of Business: Also obtain the approval of the school's registrar.

#### Instructions

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Signatures required before returning the form:

- Student;
- Course instructor;
- Director of Graduate Studies or Chair/Program Director in the student's graduate program;
- Additional signatures as needed and indicated on the form.

Deadline: Before the end of the Add/Drop period.

Return form by email to the Office of Graduate Studies ([dean-gsr@wm.edu](mailto:dean-gsr@wm.edu)).

Use your W&M email account when submitting forms to the OGS.



**WILLIAM & MARY**  
Graduate Arts & Sciences

OFFICE OF GRADUATE STUDIES  
Blow Memorial Hall (Suite 326), 262 Richmond Road  
757-221-1966 | dean-gsr@wm.edu

## Audit Course

**Student's Name:** \_\_\_\_\_ **Banner ID #:** \_\_\_\_\_

**Dept./Program:** \_\_\_\_\_ **Degree:** ☐ M.A. ☐ M.S. ☐ M.P.P. ☐ Ph.D.

*Please enroll me in the course listed below. I take full responsibility for following the guidelines to drop this course if I decide it does not fit into my schedule.*

**Course Title:** \_\_\_\_\_

**Course CRN#:** \_\_\_\_\_ **Dept./Prog.** \_\_\_\_\_ **No.** \_\_\_\_\_ **Section:** \_\_\_\_\_ **Credits:** \_\_\_\_\_

**Course to be taken in:** Year \_\_\_\_\_ Semester ☐ Fall ☐ Spring ☐ Summer

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Course Instructor: Print Name | Signature Date

\_\_\_\_\_  
Director of Graduate Studies or Dept. Chair: Print Name | Signature Date

\_\_\_\_\_  
(if needed) Assoc. Dean of Academics, Education or VIMS: Print Name | Signature Date

\_\_\_\_\_  
(if needed) Registrar of School of Law or School of Business: Print Name | Signature Date

\_\_\_\_\_  
Assistant Dean for Graduate Studies Signature Date

**Distribution:** ☐ Department/Program ☐ Student ☐ File