



VANDERBILT UNIVERSITY
DIVISION OF UNCLASSIFIED STUDIES
Faculty/Staff Audit Form

Prior to submitting this request form, the auditor must contact the professor to confirm that the class size and requirements are appropriate for auditors.

When complete, return this form to: Sandra Frantz, DUS Administrator
University Registrar's Office, PMB 407701, Suite 110 Baker Bldg. or fax to 3-7709

ALL FIELDS MUST BE COMPLETED ON THIS FORM

Course Information

Date Request Submitted (should be no later than 1 week after the first class meeting): _____

Term and year you are requesting to audit: _____ **Course Number:** _____

Course Title: _____ **Professor's Name:** _____

Professor's Campus Address: _____ **Campus Phone:** _____
(This can be found on PeopleFinder)

Employee's Information

Name: _____

Auditor's Name (if different than self) _____

VU Employee No.: (found on top center of pay stub) _____

VU Department: _____

Home Address: _____

Home Telephone: _____ **Office Telephone:** _____

Auditor's Status: (Emeritus Spouse) (Faculty Spouse) (Staff Spouse)

Approval from the VU employee's supervisor is required:

Supervisor's Printed Name: _____

Supervisor's Signature: _____ **Date:** _____

AUDIT POLICY

Faculty, staff, and their spouses are permitted to audit one class free of charge each semester. To qualify for this benefit, the staff member must have completed the orientation and evaluation period and received approval from his/her supervisor. Registration for the course takes place through the Division of Unclassified Studies (administered by the Office of the University Registrar). The names of auditors will not appear on class rolls and no official record will be kept of the auditing student's attendance.

DUS Office use only: Hire Date: _____

Certification of employment and completion of orientation period _____