

OFFICE OF THE University Registrar

Course Audit Form

Full-time faculty, full-time staff, and their spouses are permitted to audit one Vanderbilt course per semester. Tuition will be waived. The names of auditing students will not appear on class rolls. No official transcript will be kept. The faculty or staff member must be approved by HR under the guidelines of the Education Assistance Programs policy. Faculty or staff members must also have the approval of his/her supervisor. The Office of the University Registrar will determine whether or not the course can be audited, and will notify the auditing student if the audit request is approved.

THE AUDITING STUDENT SHOULD COMPLETE THE SECTION BELOW: (PLEASE PRINT)

Employee's Last Name	First Name	Mi	iddle Name	VU Employee ID	
 Department	Phone		Vanderbilt Email		
Auditing Student's Name /	Signature	Date	Email	Phone	
Auditing Student is: Facu	lty Staff	S _I	oouse / Same-Sex Do	mestic Partner	
Instructor's Name	Course and Se	ction #	Course Title	Course Start [Date
THE SUPERVISOR OF THE REQUEST BELOW:	E VU EMPLOYEE	MUST S	IGN AND APPROVE	THE FACULTY OR STAF	F MEMBER'S
Supervisor's Printed Name		Signature		Date	
Please mail to: Vanderbilt Payroll / Processing Office PMB 407718, 2301 Vanderbilt Place Nashville TN 37240-7718		or	Scan a copy and e tuitionbenefit@va		
HR APPROVAL Yes	No				
HR Representative's Printe	d Name		Signature	Date	
INSTRUCTOR'S APPROV	AL Yes	No			
URO Representative's Prin	ted Name		Signature	Date	