



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 <u>Education Assistance Programs policy</u>. 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	Middle Name		VU Employee ID	
Department	Phone		Vanderbilt Email		
Auditing Student's Name /	Signature	Date	Email	Phone	
Auditing Student is: Facu	lty Staff	S	pouse / Same-Sex Do	mestic Partner	-
Instructor's Name	Course and S	Section #	Course Title	Course S	tart Date
THE SUPERVISOR OF TH REQUEST BELOW:	E VU EMPLOYE	E MUST S	IGN AND APPROVE	THE FACULTY OR S	TAFF 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 Printed Name			Signature	Date	
INSTRUCTOR'S APPROV	AL Yes	No			
URO Representative's Prin	ted Name		Signature	D	ate