

**COMMUNITY AUDIT PROGRAM APPLICATION**

Tuition-Free Community Audit Program. The College of Wooster provides the opportunity for Wayne County residents to audit **one course each semester** at no cost. The purpose of this program is to provide the opportunity for the continued growth and development of community members, strengthen the relationship between the community and the College, and enrich the learning environment at the College.

To be eligible to audit classes:

1. The individual should complete a brief application (this will need to be completed each semester);
2. The individual must be accepted as an auditor at the College;
3. There must be room in the class after all current students have registered;
4. The professor's approval is required; and
5. The Dean for Curriculum and Academic Engagement's approval is required.

The costs of all materials and textbooks are the responsibility of the auditor. **No college credit will be awarded for audited courses.**

Individuals are responsible for knowing and abiding by all policies and procedures outlined in the College of Wooster *Catalogue*, the *Code of Social Responsibility*, and the policies in *The Scot's Key*. Please visit [www.wooster.edu/offices/registrar/community-auditors/](http://www.wooster.edu/offices/registrar/community-auditors/) for further information.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Social Security # \_\_\_\_\_

City State Zip \_\_\_\_\_ Email \_\_\_\_\_

High School Attended \_\_\_\_\_ Graduation Date \_\_\_\_\_

Colleges Attended	Location	Degree	Degree Date
_____	_____	_____	_____
_____	_____	_____	_____

Have you audited a class through the Community Audit program before? Yes No If yes, when? \_\_\_\_\_

Semester of planned enrollment in the Community Audit Program: Year \_\_\_\_\_ Fall Spring Summer

Course you wish to enroll in: Department \_\_\_\_\_ Course Number \_\_\_\_\_

Write a brief statement regarding your interest in the course. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Application Date \_\_\_\_\_

**PLEASE RETURN COMPLETED APPLICATION TO THE DEAN FOR CURRICULUM AND ACADEMIC ENGAGEMENT**

Registrar's Office Use Only

Revised June 2019

Application approved by the Dean for Curriculum and Academic Engagement \_\_\_\_\_

Application approved by the Dean of Students \_\_\_\_\_

Processing staff initials and date: \_\_\_\_\_ O:\Registrar\FORMS\Community Audit Application