



Student Registration Change Form

This form is required when requesting permission to audit a course after the semester has started.

Permission to audit

Fill in the information below and then email this form to the instructor of the course you would like to audit.

Student:

Name _____	Student # _____
Course ID _____	Section # _____
Student Signature* _____	

Instructor:

<input type="checkbox"/> I give permission for this student to audit the course indicated above.	
_____	_____
Instructor Name*	Date

Instructions for Student

Complete the first section and email to your instructor for approval. (VIU email addresses are formatted as **firstname.lastname@viu.ca**, for example – John.Smith@viu.ca).

Instructions for Instructor

Please forward the completed form to either study@viu.ca for international students, or registration@viu.ca, for domestic students.

***In normal circumstances, it would be required that all parties necessary would need to sign this form. Instead, please type your name into the signature space provided.**