

Requests must be received within the first 20% of the term in which the course is offered. Please refer to the academic calendar for specific deadlines for full-term, late start, and seven-week courses.

Student Information:

Student ID: @_____ Phone: _____

Name (Last, First, Middle Initial): _____

I am requesting to audit the courses listed below. I understand that once I change my registration status to audit, I cannot request to change back to credit status. I also understand that courses being audited will not count towards my grade point average, and cannot receive financial aid.

Semester: _____

Sample: Course Number: COMM 1302 Course CRN: 53023

Course Number: _____ Course CRN: _____

Course Number: _____ Course CRN: _____

Course Number: _____ Course CRN: _____

Course Number: _____ Course CRN: _____

Certification:

By signing the below, I affirm that I am the above-named person, and that the information presented above is true and accurate.

Student Signature: _____ Date: _____

For Office Use Only:
Special Population: _____
Date Received: _____
Date Entered: _____
Entered By: _____

Return this form to the One Stop Enrollment Center