



REQUEST TO AUDIT A COURSE

(PLEASE PRINT)

First Name _____

Last Name _____

Student ID _____

Fall Spring Summer

Year _____

Course Code (i.e. CIS-123) _____

Section _____

Credits _____

I understand and agree to the following:

- Signing waives your right to any letter grade for the course listed above.
- Auditing a course may affect financial aid, Veteran's benefits, or other benefits I receive.
- The Request to Audit the Course cannot be changed or reversed once the form has been processed.

Student Signature _____

Date _____

OFFICE USE ONLY

Staff Signature _____ Date _____