

**Audit Form**

| **Student Name:**  |  | **Date:**  |  |
| --- | --- | --- | --- |

| **Course Number:**  |  | **Section Number:**  |  | **Term:**  |  |
| --- | --- | --- | --- | --- | --- |

| **Course Title:**  |  |
| --- | --- |
| **Instructor:**  |  |

I elect to audit the above course. I understand that my transcript will carry an "AU"

(Audit) grade designation which does not involve grades, grade point averege or credit for the course in any way. A drop at any time for an "Audit" class will result in a withdrawal grade. **The request for an "AU"(Audit) grade must be made at the first class meeting and turned in to the Registrar's Office within the first 5 days of a 16-week term and within the first 3 days of an 8-week or 9-week term**. Developmental classes may not be audited. To receive the AU, the student must meet all course requirements.

I also understand that if I later desire credit for the course, I must retake the course for credit.

|  |
| --- |
| Student’s Signature |

|  |
| --- |
| Student’s ID Number |

|  |
| --- |
| Instructor’s Signature |