



### COURSE AUDIT REQUEST FORM

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

*PLEASE PRINT*

I am requesting to complete the following course as an Audit, and by signing below declare that I understand ***Audit courses are not eligible for the COF stipend, financial aid or veterans educational benefits.***

Course Prefix, Number and CRN (e.g. CIS 118 34576): \_\_\_\_\_

Year: \_\_\_\_\_ Semester:  Summer  Spring  Fall

Instructor Name: \_\_\_\_\_ Instructor signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Audit requests must be completed by the **census (drop) date** for the specified course. **Instructor signature is REQUIRED for all requests. (Warning Financial Aid students:** Auditing may cause a revision in your award. Check with the Financial Aid Office **before** submitting an Audit request). Audit courses are not eligible for COF; student is responsible for full course tuition.