



COURSE AUDIT REQUEST

Records & Enrollment Services
Main Building, Room M2480
5900 S. Santa Fe Drive
Littleton, CO 80160
records@arapahoe.edu
Fax: 303.797.5970

Course Audit Information:

Audit requests must be completed by the **Census Date** for the specified course; instructor signature required.
Students must get approval from Financial Aid and/or Veteran's Benefits before submitting an Audit request.
Audit courses are not eligible for financial aid or Veteran's Benefits.
Audit courses are not eligible for COF; student is responsible for full course tuition.
Audit courses do not receive a grade and do not meet prerequisite requirements.

Student Information:

Student Name: _____ Student ID: _____

Student Email: _____

Term Information:

Select a Term: Fall Spring Summer

Course Information:

Subject/Course: _____ Section Number: _____ Course CRN: _____

Course Census Date: _____

Faculty/Instructor Name: _____

Faculty/Instructor Signature: _____ Date: _____

Financial Aid Acknowledgement (for the above term):

I **am not / will not** receive financial aid benefits

I **am/will** receive financial aid benefits (requires signature from Financial Aid Office)

F/A staff signature: _____ Date: _____

Veteran's Benefits Acknowledgement (for the above term):

I **am not / will not** receive Veteran's benefits

I **am/will** receive veteran's benefits (requires signature from Veteran's Benefit Office)

VA staff signature: _____ Date: _____

Student Acknowledgement (for the above term):

I am requesting to complete the above courses as an Audit, and by signing below declare that I understand **Audit courses are not eligible for the COF stipend, financial aid or veteran's benefits.**

Student Signature: _____ Date: _____

FOR OFFICE USE

Register student in course (AU) and SPACMNT Note; confirm auditing stipulations with student

Send notification to finaid@arapahoe.edu or vets@arapahoe.edu (if applicable)