



COURSE AUDIT REQUEST

Admissions and Records
Email: admissions@arapahoe.edu
Phone: 303.797.5621

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.
- Once approved, students with financial aid or veteran's benefits must contact the Financial Aid or Veteran's Benefit Office if there are any enrollment changes.
- 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: Name _____ Student ID _____

Student Email _____@student.cccs.edu Phone _____

COURSE INFORMATION: Course Audit Option request for the Semester / Year: _____

Course ID (CRN)	Subject/Course	Census Date	Instructor Signature
_____	_____	_____	_____
_____	_____	_____	_____

FINANCIAL AID ACKNOWLEDGEMENT (for the about listed semester):

- 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 about listed semester):

- 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 ACKNOWLEDGEMENTS (for the about listed semester):

- 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 ONLY

Processed By (print name): _____

Staff Action:

- Register student in course (AU) and SPACMNT Note
- Confirm (with student) auditing stipulations
- Send notification to finaid@arapahoe.edu or vets@arapahoe.edu (if applicable)