



RECORDS OFFICE
APPLICATION FOR COURSE AUDIT/NO CREDIT

RETURN FORM TO RECORDS OFFICE WHEN COMPLETED
Audit requests must be completed by the census (drop) date for the specified course.

Date: _____

Student: _____

Name

Student ID #: _____

Course: _____

Course/Section Number	Term Code	Course Description
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Semester: _____

Instructor Signature: _____ Date: _____

Student Signature: _____ Date: _____

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