

*Requests must be received within the first 20% of the term in which the course is offered. Please refer to the academic calendar for specific deadlines for full-term, late start, and seven-week courses.*

**Student Information:**

Student ID: @\_\_\_\_\_

Name (Last, First, Middle Initial): \_\_\_\_\_

I am requesting to audit the courses listed below. I understand that once I change my registration status to audit, I cannot request to change back to credit status. I also understand that courses being audited will not count towards my grade point average, and cannot receive financial aid.

Semester: \_\_\_\_\_

**Sample:** Course Number: COMM 1302

Course CRN: 53023

Course Number: \_\_\_\_\_

Course CRN: \_\_\_\_\_

Course Number: \_\_\_\_\_

Course CRN: \_\_\_\_\_

Course Number: \_\_\_\_\_

Course CRN: \_\_\_\_\_

Course Number: \_\_\_\_\_

Course CRN: \_\_\_\_\_

**Certification:**

By signing the below, I affirm that I am the above-named person, and that the information presented above is true and accurate.

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

Date: \_\_\_\_\_

**For Office Use Only:**

Date Received: \_\_\_\_\_

Date Entered: \_\_\_\_\_

Entered By: \_\_\_\_\_