

AUDIT REGISTRATION FORM

THIS FORM IS A DECLARATION OF PREFERENCE TO RECEIVE AN AUDIT GRADE OF "R" AT THE COMPLETION OF THE COURSE LISTED BELOW.

PRESENT THIS FORM IN PERSON TO:

COLUMBUS CAMPUS - STUDENT CENTRAL, UPPER LEVEL, MADISON HALL

DELAWARE CAMPUS - STUDENT SERVICES, MOELLER HALL

STUDENTS MUST DECLARE THEIR PREFERENCE FOR "AUDIT" AT THE TIME OF REGISTRATION, AND NO LATER THAN THE 15TH DAY OF THE SEMESTER. SOME COURSES MAY BE SUBJECT TO COLLEGE APPROVAL TO AUDIT. STUDENTS SHALL PAY REGULAR FEES FOR THIS COURSE. NO CREDIT MAY BE GRANTED OR LATER CLAIMED, NOR WILL PROFICIENCY CREDIT BE GIVEN. THE STUDENT WILL UNDERSTAND THE COURSE GRADE OF "R" IS NOT CALCULATED AS PART OF THE STUDENT'S GPA.

PLEASE PRINT (ALL INFORMATION IS REQUIRED):

Student Name: _____
Last Name First Name MI

CougarID Number: _____ (Social Security Number is not acceptable)

Semester and Year: Autumn _____ Spring _____ Summer _____

Course Name: _____ — _____ — _____ Synonym Number: _____
(Example): ENGL 1100 004 12345

Course Title: _____ Credit Hours: _____
(Example): Composition I 3

By my signature below, I indicate that I have read, understand and agree that the course listed above is being audited according to the published Columbus State Community College Policy and Procedure 5-09 (D).

Student Signature: _____ **Date:** ____/____/____
(Required)

FOR OFFICE USE ONLY:

Date Received: ____/____/____ Date Processed: ____/____/____

Processed by (Signature Required): _____