

Course Audit Request Form

Last Name Fin		t Name	Middle Initial	Stud	Student ID Number	
Phone Number						
If this is the fir	rst time taking a d		ou must complete an Applicat or auditing a course.	ion for Admiss	ion prior to	
Section 1 - INSTR	RUCTIONS and Co					
 Submit the 	•	pproval to audit on the Registration	TINSTRUCTIONS course. In and Records Office within the To the first day of the term.	e first 10 Instru	ctional Days of	
		50% tuition and	DIT COSTS 100% fees. course (<i>For example, cannot be</i>	PE185MA for	<i>РЕ185МВ</i>) – 0%	
Section 2 - COUF	RSE INFORMATIO	N & APPROVAL				
TERM & YEAR:	☐ Summer ☐ Fa	all □ Winter	☐ Spring YEAR:			
Course Information						
	CRN No.	Course No.	Course Title	Credits		
	40457	SP 111 (Ex.)	Speech	4		
Have you previous	ly audited this co	urse at UCC? 🗆	Yes □ No If yes, when? Te		/ear:	
l understand that b payment based up	•	•	ceive course credit or a grade,	and I am respo	onsible for	
Student Signature			Date:			
Signifies Approval & Au	ıthorization					
Instructor Signatu			Date:			
Signifies Approval & Au	ıthorization					
Registration and	Records Office U	SE ONLY	Cashier Office USE ONLY			
☐ First time auditing this course☐ Previously audited this course			Waived Amount:			
Data		Initiala	Data		Initiala	