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.

Students must declare their preference for "Audit" at the time of registration, and no later than the 15th day of the quarter. 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

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

Quarter and Year:

☐ Summer _____ ☐ Autumn _____ ☐ Winter _____ ☐ Spring _____

Course Name: _____ — _____ — _____ Synonym Number: _____
(Example): IMMT 111 004 12345

Course Title: _____ Credit Hours: _____
(Example): Writing for the Web 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:** ____/____/____

FOR DEPARTMENT USE ONLY:

Date Received: _____/_____/_____ Date Processed: _____/_____/_____

Processed by (Signature Required): _____