



## AUDIT GRADE REQUEST FORM

R#: \_\_\_\_\_ Date: \_\_\_\_\_

**(PLEASE PRINT)**

Name (Last, First, M.I.): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

The Audit grade is given for completion of a course (except for exams and required papers) if requested at the time of registration. No credit is given for this course.

Course Section ID: \_\_\_\_\_

Title: \_\_\_\_\_ Year / Sem.: \_\_\_\_\_

This form must be completed and returned to the Registrar's office by the last day of Add/Drop.

I understand that I am registering to audit this course and no grade will be issued for this course.

\_\_\_\_\_  
(Student Signature)

**For Office Use:**

Date Rec'd \_\_\_\_\_

Accepted By: \_\_\_\_\_

Recorded by \_\_\_\_\_

Date recorded \_\_\_\_\_