



Piedmont Virginia Community College

PETITION TO AUDIT

I understand that I will receive NO CREDIT for this course and must pay full tuition for it. I will complete and submit this form to the Welcome Center prior to the REFUND DATE for the course specified below. I understand that no audits will be processed after this date.

Student's Name: _____ Last _____ First _____ MI _____

Student Emplid Number: _____ Semester/Year: _____

Course Name: _____ Course Number: _____
(ex: English 111) (ex: 51623)

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

Division Dean's Signature: _____ Date: _____

Welcome Center Use Only:

Change By: _____

Date: _____