



# PETITION TO AUDIT FORM

(Student, please complete form, obtain required approvals, and forward to the Admissions and Advising Center prior to the REFUND DATE for the course requested. No audits will be processed after this date.)

I understand I will receive NO CREDIT for this course and must pay full tuition for it.

Student Name: \_\_\_\_\_  
(Last) (First) (Middle)

Student ID Number: \_\_\_\_\_ Semester/Year: \_\_\_\_\_

Course Name: \_\_\_\_\_ Course Number: \_\_\_\_\_  
(example: English 111) (example: 51623)

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Division Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Admissions and Advising Center**  
**Use Only**

Processed By: \_\_\_\_\_

Date: \_\_\_\_\_