



PETITION TO AUDIT FORM

(Student, please complete form, obtain required approvals, and forward to the Admissions and Advising Center prior to the LAST DAY TO ADD 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: _____