



# 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: \_\_\_\_\_

PVCC does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. The following person has been designated to handle inquiries regarding nondiscrimination policies: Kim Van Savage, Chief Human Resources Officer, kvansavage@pvcc.edu, 434-961-6567, 501 College Drive, Charlottesville, VA 22902.

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

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

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