



COURSE AUDIT REQUEST

STUDENT: _____ SSN: _____

Course Title: _____ Course # _____ Section # _____

Fall Spring Summer Year: _____

By my signature below, I understand and/or agree to the following in order to audit the above designated course:

- 1. Neither a letter grade nor credit will be earned. Courses taken for audit will appear as "AU" on official and unofficial transcripts.
2. Any audited course is not eligible for Student Financial Aid inclusive of Veterans' Educational Benefits.
3. An audited course does not count towards completion of any degree or certificate program.
4. Regular tuition and course fees apply to audited courses.
5. I must inform the instructor of the course that I have registered as audit.
6. The last day to change from "audit" to "credit" is posted in LCC's official academic calendar located in the catalog.
7. There will be no participation in clinical or practicum activities.
8. I am encouraged to attend class sessions but have no responsibility for completing assignments and examinations.
9. If I am a student officially admitted to the Nursing Program and required to audit NRSG prefixed courses, items 7 and 8 above are not applicable and I must adhere to the audit policy as defined in the Nursing Student Handbook.

Student Signature: _____ Date: _____

Submit form to the Office of the Registrar or fax to 505.454.5348 by the audit deadline listed in the academic calendar.

Office Use Only:
Dual Credit Student: ___ Yes ___ No If Yes, not eligible for Audit. Do not process.
Mid-term grade posted to CARS by: _____ Date: _____
Final grade posted to CARS by: _____ Date: _____