AUDIT FORM

First Middle Last ________________________________

Student ID Number ________________________________

Semester Year Date ________________________________

Course Reference Number Section Course Name Course Title ________________________________

Instructor’s Signature Date ________________________________

Intent to audit a course requires the written approval of the instructor and must be filed in the Office of the Registrar prior to the third week of the semester (or equivalent deadline for accelerated courses). Auditors receive no grade or credit for the course(s). Courses taken on an audit basis do not affect the student’s grade point average or apply towards any graduation requirements.

Full time students must maintain 12 credits (for undergraduate), and 9 credits (for graduate), in addition to courses audited to maintain FULL TIME status.

I have read and understand that changing my course registration status to AUDIT, will prevent me from ever obtaining credit for the audited class.

Student’s Signature Date

Please complete this form and return to the Office of the Registrar for approval.  Wilard-DiLoreto Room D202, 1615 Stanley Street, New Britain, CT 06050 Fax it to 860-832-2250 or email it to regstaff@ccsu.edu

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