

Authorization to Audit a Course

DISCLAIMER: Please download the form, fill out all information, <u>SAVE the form to your computer</u> and then submit your completed application to your Advisor.

(Failure to save the form will result in a loss of all typed information)

Before selecting courses to be recorded as Audit, please note:

- For a full semester course (15 week), the deadline is the end of the first six (6) weeks.
- For a 5-week session course, the deadline is the end of the (2nd) week.
- For the 10-week session course, the deadline is the end of the 4th week.

***Grading Policy: No grade (s) will be assigned and no credit (s) is given for Audited courses.

Last Name:			First Name:	CWID No:	
Phone Number:			Email Address:		
Do you meet any o	of the foll	owing: Stude	nt Athlete □ Veteran □	☐ International ☐ OSD [□ TAA □ WIOA □
(CRN #)	(Sub.)	(Course #)	(Course Title)		(# of Credits)
(CRN #)	(Sub.)	(Course #)	(Course Title)		(# of Credits)
(CRN #)	(Sub.)	(Course #)	(Course Title)		(# of Credits)
(CRN #)	(Sub.)	(Course #)	(Course Title)		(# of Credits)
Student Signature				Date	
Advisor Signature				Date	
 Department Chair Signature				 Date	

Please note: It is the students' responsibility to contact Student Accounts @ 724-938-4431 regarding any additional tuition and fees that maybe associated with auditing a course.