COURSE AUDIT FORM

NOTE: This form must be <u>received</u> by the Records Office during the ***<u>Refund</u>*** period (first 15% of the class) to be valid.

Name: _____ **ID #:** _____-____-_____
Last First MI

Semester: _____/_____ Course: _____/_____/_____ Credit Hours: _____
Term Year Prefix Number Section

Last Date Of Refund For This Course: _____/_____/_____ Today's Date: _____/_____/_____

- I understand that I will not receive credit for this course of study. I also understand that AU (Audit) will be recorded on my transcript and grade report.

– I understand that I am financially responsible for my tuition, fees, and COF stipend. Should account collection fees become necessary, I understand that I am responsible for them.

Student's Signature: _____ **Date:** _____

For Official Use Only	
☐ Instructor Notified: _____	☐ AU Entered: _____

Admissions and Records

Phone: (719) 549-3016