AUDIT COURSE REQUEST FORM
(Please Print)

NAME________________________________________________ ID#

I am a student on the following campus □ Wheeling  □ Weirton  □ New Martinsville  □ Distance Education

I wish to audit the following course(s):

CRN:_______ SUBJ:_______ COURSE #_______ TITLE:_______ SEMESTER/YEAR: _________

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CRN:_______ SUBJ:_______ COURSE #_______ TITLE:_______ SEMESTER/YEAR: _________

• I understand that I am taking these courses without evaluation and credit.
• I will inform the instructors of my registration for audit purposes only during the first class meeting.
• I understand that I can change my registration from “audit” to “credit” or “credit” to “audit”, only during the first two weeks of the semester or a comparable period in short-term classes.
• I understand that audited courses do not count toward graduation and cannot be paid with Title IV financial aid funds.

Student Signature: ___________________________________________ Date:________________

WEST VIRGINIA NORTHERN COMMUNITY COLLEGE