AUDIT COURSE REQUEST FORM
(Please Print)

WEST VIRGINIA NORTHERN COMMUNITY COLLEGE

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: _____

CRN:_____ SUBJ:_____COURSE #_____TITLE:_____SEMESTER/YEAR: _____

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:_____