

**Central Connecticut State University
Office of the Registrar
Davidson Hall, room 116**

AUDIT FORM

NAME: _____ I.D. NUMBER: _____

SEMESTER: _____ YEAR: _____ DATE: _____

Course Reference Number	Section	Course Name	Course Title

INSTRUCTOR'S SIGNATURE: _____
Signature indicates agreement concerning course work requirements

Audit Information

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), and courses taken on an audit basis do not affect the student's Grade Point Average or apply towards any graduation requirement.

Full Time students: a minimum of 12 credits (for Undergraduates) and 9 credits (for Graduates) in addition to courses audited is required 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: _____
Signature indicates mutual agreement concerning course work requirements