



Official Course Audit

This form MUST be COMPLETELY filled out by the student and his/her advisor before it can be accepted for approval. Approval must be obtained from the Office of Academic Affairs or the appropriate Department Chair. After completion, the form must be taken to the appropriate department as directed. This form will not be accepted after the drop/add period.

| Course(S) To Be Audited | | | |
|-------------------------|---------------------------|---------------|-------------|
| Date: _____ | Semester Effective: _____ | Year: _____ | |
| Course: _____ | CRN#: _____ | Course: _____ | CRN#: _____ |
| Course: _____ | CRN#: _____ | Course: _____ | CRN#: _____ |

By signing below, the student acknowledges that he/she cannot later receive course credit.

Student Signature: _____

Advisor Signature: _____

Financial Aid Advisor (if appropriate): _____

Approving Authority Signature: _____

| For Official Use Only | |
|----------------------------|--|
| Student Name (printed): | _____ |
| Student ID: | _____ |
| Fees Paid By: (Select One) | <input type="checkbox"/> VA <input type="checkbox"/> Cash/Check <input type="checkbox"/> Billing <input type="checkbox"/> Charge |

As set forth in full in the Student Handbook/Course Catalog, Southern Crescent Technical College is an Equal Opportunity Institution and does not discriminate on the basis of race, color, national origin, sex, age or disability.