



Credit/Audit Change Form

Date

This is to certify that I, _____, whose Social Security Number is _____ wish to change from _____ to _____ in _____, index number _____. This course is taught during the _____ semester of _____.

(Note: During the fall and spring semesters, a class may be changed from audit to credit and vice versa within the first two weeks of the official starting date of the class. This change must be made in the Student Records Office. If during the third or fourth week the student elects to change from audit to credit or vice versa, the instructor's written permission must be secured on the proper forms available in the Student Records Office.)

Instructor

Date

____ Approved
____ Not Approved

Division Chair

____ Approved
____ Not Approved

Executive Vice President/Chief Academic Officer

Records Personnel Signature: _____ Date: _____