

## Student Request to Change Course to Audit

Note: This request to change from credit to audit status must be completed and processed prior to the date published in the academic calendar. Please submit completed form to the Office of the Registrar.

G00 \_\_\_\_\_

Name \_\_\_\_\_  
Last
First
Middle Initial

SCF e-mail address \_\_\_\_\_

Phone # (if this course belongs to SCF) \_\_\_\_\_

Identify the course(s) involved in this request

Specify Change	CRN	Prefix	Number	Section	Credit Hours
Audit (A)					

I understand that if I fail to pay my tuition and fees by that deadline, my courses may be dropped. I understand that if I fail to pay my tuition and fees by that deadline, my courses may be dropped. I understand that if I fail to pay my tuition and fees by that deadline, my courses may be dropped.

will notify the instructor(s) of my request. I accept responsibility of my semester tuition and fees by the published deadline. I understand that if I fail to pay my tuition and fees by that deadline, my courses may be dropped. I understand that if I fail to pay my tuition and fees by that deadline, my courses may be dropped.

Student Signature \_\_\_\_\_