

AUDITING A CLASS FORM

Student Full Legal Name (Please Print) First Name Middle Initial Last Name									Preferred Phone Number			
Germanna Student ID Number									nt Term e Check)	С	Current Year	
							Fall	Spring	Spring Summer		20	
wish to change my status in the courses below from Audit to Credit Credit to Audit												
Co	Course Number					Course Subject-Section						
		 		_								
		+	+	_								
		+	+	+								
a schedule change may result in overpayment or underpayment of GI Bill benefits. Are you receiving Financial Aid? Yes No Any change in your enrollment may have an impact on your Financial Aid. You are strongly encouraged to discuss the potential impact with a Financial Aid Representative. PLEASE NOTE:												
Change refund.Tuition audit.Audit (es from Check costs for (X) is a	audit the w for cred	to cre rebsite dit or a	edit or free for the audit co	rom cree e most d ourses a vill not b	edit to aucurrent I are the s	udit mus Importar same. Y nged	et be madent Acade You will N	o the start of the decide by the last date emic Dates. NOT receive a refulated and will no	iy to d fund b	drop with a	
Student S	ignatur	re:		Date:								
FOR OF	FICE US	SE ON	ILY:		Approve	ed	<u> </u>	Not Appr	oved			
Dean's S	ignatur	e:			Date:							
					Date							