ASHEVILLE-BUNCOMBE TECHNICAL COMMUNITY COLLEGE
REQUEST FOR AN AUDIT GRADE

TO: Records and Registration Office

_____ ____/____/____/____/____/____/____/____/
NAME OF STUDENT Student ID #

_____/_____ has requested an audit grade for
SEMESTER YEAR

_____
COURSE: PREFIX, NUMBER, TITLE

Please sign if you consent to allow this student to audit this class.

_____ _____
INSTRUCTOR SIGNATURE DATE

THIS FORM MUST BE RETURNED TO THE RECORDS & REGISTRATION OFFICE WITHIN THE FIRST 15 DAYS OF CLASS. ATTENTION FINANCIAL AID RECIPIENTS: YOUR FINANCIAL AID MAY BE REDUCED WHEN AUDITING A CLASS. CHECK WITH THE FINANCIAL AID OFFICE FOR DETAILS.

Records&Regis.Rev.06/01/05