CAPE COD COMMUNITY COLLEGE
Powerful Futures Start Here

Office of the Registrar –AUDIT REQUEST FORM

2240 Iyannough Road | West Barnstable, MA 02668
774.330.4711 | Fax: 508.375.4084 | registration@capecod.edu | www.capecod.edu

Student information:

Student ID#: _____ **Date of Birth:** _____

Last Name: _____ **First Name:** _____ **Middle Initial:** _____

Course to be audited:

Semester: _____ **Academic Year:** _____

Course Number and Section: _____ - _____ **Credit Hours**: _____

Course Title: _____

Instructor Name: _____

Audit Policy:

A student may register to audit a course with the permission of the course instructor. No grade and no credit will be given.

Attendance requirements for audit students shall conform with the instructor's policy for the class as a whole, unless other arrangements are made between the auditing student and the instructor. Participation in the course is by agreement between the student and the instructor.

The student or the instructor has the prerogative to request the agreement be in writing. Upon satisfactory attendance and fulfillment of the agreement between the student and instructor, a status of **AU** will be recorded; no credit will be awarded. A status of **Z** will be recorded at the end of the course should the attendance and/or agreement not be fulfilled. The student may officially withdraw from the audited course according to the withdrawal policy.

Change of status in a course from audit to credit may be made only during the add period as defined by the academic calendar.

Change of status in a course from credit to audit may be made only during the first ten weeks of classes subject to the above mentioned requirements: by permission of and in agreement with the instructor.

A course taken for audit does not count toward a student's full-time status unless the student is required to audit the course with the approval of the Vice President of Academic and Student Affairs. A prerequisite cannot be satisfied by an audit. (*Approved April 25, 1994; Modified by College Meeting December 14, 2006*)

Note: Students are required to pay all tuition and fees for an audited course. Financial aid does not cover the cost of an audited course.

Signatures:

Student: _____ Date: _____
This signature indicates that I have read the Audit Policy and note and agree to the terms.

Instructor: _____ Date: _____
This signature indicates that I have read the Audit Policy and agree to let the student audit.

Office of the Registrar Use:

Date Received by Registrar: _____ Receiver's Initials: _____ Date entered for semester: _____