

Application for Course Audit will be accepted beginning on the first day of the term that you want to audit and through the advertised add/drop period only.

INFORMATION REGARDING AUDITING A COURSE

Students may choose to audit certain classes. A student who is auditing a course will not receive grades or credit for the course. Instead, their transcript will indicate the course was audited with an AU grade. A student who is auditing a class will not be required to take tests; however, participation in regular class activities is expected.

- To audit a course, students must register with a Success Coach. Any student intending to audit a course must complete an Application for Course Audit, meet TSI or prerequisite requirements, and be eligible to register for the course.
- The cost for auditing courses is \$100 per credit hour. Additional costs for textbooks or materials may apply.
- Registration to audit a course is permitted as long as a credit student is not displaced from a class as a result of the audit. Therefore, requests to audit are processed on the first day of the term and during the add/drop period only.
- Once a student has registered as an auditor, the student may not change to credit status nor can a credit student change to audit status after the semester has begun.
- Health sciences and other courses/programs with admission requirements or prerequisites may not be audited. Additionally, auditing may be subject to instructor approval.
- As an audit student, you are required to conform to the same conduct in the classroom and on campus as credit students.

Having considered the above restrictions, to facilitate audit registration, please meet with your Success Coach. For more information, interested students should contact **advising@nctc.edu**.



STUDENT INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ SSN: _____ Phone Number: _____

Preferred Email: _____ NCTC ID Number (If known): _____

EMERGENCY CONTACT

Emergency Contact Name: _____ Emergency Contact Number: _____

COURSE INFORMATION

For which term do you wish to audit? Fall Spring Summer Year: _____

What course would you wish to audit? Course ID with Section (Ex: SPAN 1411 0100): _____

SIGNATURE

By signing this form, I acknowledge that I have read and understand all policies listed on the Information Regarding Auditing a Course.

Student: _____ Date: _____

FOR OFFICE USE ONLY

Advisor

Advisor Name: _____

Course Open? Yes No

Prereq Met? Yes No

Office of Registrar

Processed by: _____

Date: _____

Student/Instructor Notified: _____

Paid: Yes No