

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.

color, marital status, disability, genetic information or sexual orientation in any of its educational programs, services and activities. Direct inquiries regarding nondiscrimination policies to: Equity Officer, 941-752-5323, 584 University Blvd., Bradenton, FL 34207.

Student Signature _____