

ASHEVILLE-BUNCOMBE TECHNICAL COMMUNITY COLLEGE
REQUEST FOR AN AUDIT GRADE

TO: Records and Registration Office

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

_____/_____
SEMESTER YEAR has requested an audit grade for

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.**