Audit Request Form

RETURN THIS FORM TO:
Welcome and One Stop Center – B114
19351 West Washington Street • Grayslake • Illinois • 60030-1198
Phone: (847) 543-2061 • Fax: (847) 543-3061 • Email: registrar@clcillinois.edu

Audited courses:
• Receive a grade of X, which carries no grade points or semester hours of credit
  • Do not serve as prerequisites for subsequent coursework
• Cannot be used towards degree or certificate graduation requirements
  • Are not eligible for Financial Aid

*The fee for auditing a course is the same as enrolling for credit.

The deadline to request auditing a course is the last day to drop and receive a refund. The exact date for each class will vary. Please refer to your schedule in myStudentCenter for exact dates.

________________________________________  __________________________  _______________________
(student name)                             (student CLC ID #)               (student phone number)

The following course(s) will be audited:

<table>
<thead>
<tr>
<th>Term  (ex: Spring 13)</th>
<th>Class #  (ex: 4588)</th>
<th>Course   (ex: MTH 108)</th>
<th>Section  (ex: 002)</th>
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________________________________________  _______________________
(student signature)                         (date)

Office Use Only

Processed by: ___________________________  Date: ________________________