



2800 S. Lone Tree Rd,  
 Flagstaff, AZ 86001-2701  
 928.226.4299  
 928.226.4127 (Main Reception TTY/TDD)  
 928.226.4128 (Disability Resources TTY/TDD)

# Audit Form

Fall  Spring  Summer Year \_\_\_\_\_

<b>OFFICE USE ONLY</b>
Entered by:
Date:

<b>Student ID#</b>	<b>Last Name</b>	<b>First Name</b>
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ADD											
CRN	Subject	Course#	Section	Credit Hrs	Day(s) and time(s) class meets						Instructor's Signature
					M	T	W	R	F	S	
89080	HIS	131	02	3		1:00pm		1:00pm			Sample

**Total Credit Hours:**

\* There is an additional fee for auditing a course.

My signature below indicates that I have reviewed and understand the policies associated with enrolling for or dropping the courses required to complete my degree or certificate program at CCC. Whether I have consulted with an academic advisor or not, my signature indicates that I freely choose to enroll for these courses and that I assume full responsibility for my course selection and any resulting consequences and liabilities associated with my selection.

\_\_\_\_\_  
 Student's Signature Date



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