



EASTERN CONNECTICUT STATE UNIVERSITY
REGISTRAR'S OFFICE • ALVIN B. WOOD SUPPORT SERVICES CENTER
 83 Windham Street • Willimantic, CT 06226 • Office: (860) 465-5224 Fax: (860) 465-4382

Course Audit Form

(Submit to Registrar's Office once completed)

Audit Policy: Students who audit courses should do so with the intention of attending all class sessions and fulfilling work agreed upon in advance with the instructor. Audit status may not be changed to credit status. A student may take a course for audit that previously had been taken for credit. Regular fees are charged and full time students are required to carry a minimum of 12 credits of non-audited courses. It is the student's responsibility to return to the completed form to the Registrar's Office. See the semester calendar for deadline dates.

Name _____

Eastern ID # _____

Semester/Year _____

5-DIGIT CRN	SUBJECT	COURSE NO. / SEC.
		/

Instructor's Signature (Print and Sign) _____

Date: _____

Advisor's Signature (Print and Sign) _____

Date: _____

I have read and understood the Audit Policy;

Student's Signature: _____

Date: _____

For Office Use Only:

Received Date: _____ Received By: _____

Processing Date: _____ Processed By: _____