Monroe Community College
Office of Registration & Records
Permit to Audit Course

Please note: Audit forms must be returned to Registration & Records no later than the end of the first week of classes.

Term:
Fall 20___   Spring 20___   Intersession 20___   Summer 20___

_____   _____

Last Name   First Name   Student Number

The above student has permission to audit the course listed below and will earn no credit for the course.

_____ _____ _____   _____

  Dept   Level   Section   Dept Chair or Instructor Signature
(example: ENG 101 001)

The student understands that the audit fee (tuition) for the course is the same as if taken for credit. (Audit fee is equal to tuition.) Audited classes are not financial aid eligible.

                                                   _____

                                                          Student's Signature

The audit fee (tuition) is waived if the student is a senior citizen (60 years or older). However, senior citizens will be responsible for fees associated with the course. The cost of fees will not be waived.
Senior Citizen (please check): ___ Yes____ ___ No   Date of Birth: _____ /_____ /_____ __