

PERMISSION TO AUDIT COURSE



Monroe Community College
STATE UNIVERSITY OF NEW YORK

Registration & Records
Building 6, Room 203
1000 E Henrietta Rd
Rochester, NY 14623
registration@monroecc.edu

Term:

Fall 20____ Spring 20____ Intersession 20____ Summer 20____

Last name _____ **First name** _____

Student ID # _____

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

CRN	Subject	Course #	Section
(Example: 12345 ENG 101 001)			

Department Chair or Instructor Signature

Date

The student understands that the cost to audit a class is the same as if taken for credit. (The tuition and fees are NOT reduced to audit a class.) Audited classes are not financial aid eligible.

Student Signature

Date

Important Note:

Completed audit forms must be returned to Registration & Records as follows:

- **Fall and Spring – by end of the FIRST WEEK of classes**
- **Summer – by end of the SECOND DAY of classes**
- **Intersession – by end of the FIRST DAY of classes**
- **Incomplete forms will not be processed**