

Kalamazoo Valley Community College

Class Audit Request Form

V

Valley number _____

Last name _____

First name _____

Street address _____

City _____

State _____

Zip code _____

Home phone _____

Cell phone _____

Semester and Year _____

CRN	Subject	Course Number	Credit Hours

Reason for requesting audit status: (required along with your signature below)

Audit Agreement

1. I will pay full tuition costs for the course(s).
2. I understand that audited courses do not count toward Financial Aid or VA benefits and that I may be required to pay back money for which I no longer qualify.
3. I will be automatically granted audit status if my request is submitted before the end of the first week of class. After that time, my request is subject to approval and must be submitted before the last day to withdraw from the course.
4. Once I have been approved for audit status, I cannot change back to credit status in the course.
5. I will attend class as if I were taking it for credit, and withdraw if I cannot complete the course.
6. I may fully participate in all course activities unless I choose otherwise.
7. I will receive a V grade for the course unless I officially withdraw from the class. I understand that because this audit grade (V) does not establish that I have successfully passed the course with a grade of 2.0 or better, I will not be able to advance to a course for which this class is a prerequisite.
8. Because I am not receiving credit for the course, it will not affect my grade point average.

Student's Signature _____

Date _____

Admissions, Registration and Records Office
 Texas Township Campus, Room 9140
 Kalamazoo Valley Community College
 PO Box 4070
 Kalamazoo, MI 49003-4070
 Phone (269) 488-4281
 Fax (269) 488-4161
 arr@kvcc.edu

Office Use Only

Approved Denied Initials _____
 _____ Date _____
 Authorizing signature