NOVA | Northern Virginia Community College

Form 125-012
Rev. 4/19

Auditing a Class: Permission to Audit

- Senior citizens eligible for free tuition should use form 105-088 instead.
- In order to audit a class (take the course without taking exams or receiving a grade), this form must be received in the Student Services Center **on or before the Census Date (last day to drop with refund) for the class.** Check the current *Schedule of Classes* for the correct date, or the instructions for finding the Census Date of a dynamic course.
- Tuition costs for credit or audit are the same. You will not receive a refund by changing to audit.
- **Audit (X) is a final grade and will not be changed.**
- Dual Enrollment students are not eligible to audit classes. F-1 students may audit as long as they are also enrolled for at least 12 graded credits.
- Changes to enrollment may affect benefits eligibility and result in financial liability for veterans and students receiving financial aid. Recipients of Veterans' Educational Benefits **must** notify the campus Veteran's Office of **all** changes in enrollment within 24 hours.

Instructions to Student:

1. Please complete this form with student ID, name, address and telephone number.
2. Take this form to your instructor and request his/her signature after discussing the audit requirements.
3. Take this form to the Division Dean at the campus where the class being audited and obtain his/her signature.
4. Return this form with the required signatures to the Student Services Center at the campus where the class is offered.
5. Review your NOVAConnect record to verify that your course status has been changed to AUDIT and the grade of X is present.

Student ID #:_____ Semester:_____ Year:_____

Print Name: _____
Last First M.I.

Address: _____

Telephone: _____ _____ _____
Home Work Cell

VCCS email:_____ Student's Signature: _____

Course requested:

Example: 12345 **Index Number**	*ENG* **Course Prefix**	*111* **Course Number**	*001A* **Section # /Campus**	*16 weeks* **Session (e.g. 8 wk)**

Instructor's Name (Print) _____ Instructor's Signature _____ Date _____

Dean/Associate Dean's Name (Print) _____ Dean/Associate Dean's Signature _____ Date _____

For Student Services Center use:

Date received:_____ Date scanned:_____ Initials:_____ Date linked:_____ Initials: _____