APPLICATION FOR AUDITING COURSES

Return completed form to:
ANGELINA COLLEGE OFFICE OF THE REGISTRAR
PO Box 1768, Lufkin, TX 75902
Phone: (936) 633-5210 Fax: (936) 633-3206
Email: registrar@angelina.edu

▪ **This form MUST be submitted BEFORE the census date of the semester in which you are applying to audit.**
▪ **Tuition and fees are the same for auditing as those charged for credit enrollment.**

SSN or Student ID#: ____ ____ ____ ____ ____ ____ ____ ____ ____

Name: _____

Daytime Phone #: _____

Course(s) you wish to audit: _____   _____
                                  Course ID (Ex. BIOL2402)   Section (001)

                                  _____   _____
                                  Course ID (Ex. ENGL1301)   Section (002)

                                  _____   _____
                                  Course ID (Ex. SPCH1315)   Section (003)

                                  _____   _____
                                  Course ID (Ex. HIST1302)   Section (004)

By signing below, I understand that once I choose to audit a course, I **cannot** change from audit-to-credit. The course will be noted on your official transcript with a grade of "AU".

Student Signature: _____   Date: _____

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For Office Use Only

Approved: _____   Date: _____