COUNTY COLLEGE OF MORRIS

Request to AUDIT a Class

- **A student who wishes to attend a class but does not want to receive credit or a grade for it may register for the class and request permission to audit it – *Permission must come from the Academic Department Chair of the course they wish to audit***
- **Student must register for the course first**
- **All tuition and applicable fees are charged for audited courses**
- **Students may not change from credit to audit or from audit to credit after the end of the first week of classes**
- **Return this form to the Records and Registration Office for processing - SCC-220 OR Registrar@ccm.edu**

Please Print:

Last Name _____**First Name**_____

CCM ID _____ **Major** _____

Please indicate (below) the appropriate semester/mini term for the course you wish to audit:

Semester : (check one)   Fall   Spring   Summer   Winter   **YEAR** _____

Indicate Mini Term for each course in the Term column below:

15 week	10 week	7 Early	7 Late	5 Early	5 Late	4 week	2 week

Rec & Reg Use Only	Term	Course #	Section #	Title	AUDIT	Department Chair Approval
STAFF	Example: 15 week	ENG 111	12345	Comp 1	**AUDIT**	
					AUDIT	
					AUDIT	
					AUDIT	

Reason for Request:_____

_____

_____

Student Signature _____ **Date**_____

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Records and Registration Use Only

Input _____**Date** _____