Revised: 11/8/2023

## CLASS AUDIT BLINN COLLEGE DISTRICT

I request permission to audit the following course(s):

CRN	Course Name	Course Number	Section	Approval Signature
1.				
2.				
3.				
4.				
5.				
6.				
paying the curr and materials in auditor is free course. Once an audit status aft of an auditing spa- for auditing spa- Bacterial Meni	ent semester credit hour tuition and fe in the library only. The instructor is no from such course requirements as a student has registered as an auditor, t er the semester has begun. Neither the student. No refunds of tuition and fees ace. One-hour classes may not be aud	e rate, plus any required t obligated to accept and tendance, written work he student may not chan e instructor nor the colle are made to auditing stu ted Yes No	laboratory for y papers, test, and tests. (and tests. (and tests. (and tests.) (and tests.) (and tests.) (and tests.) (and tests.)	ete dean to assure space is available, by ees. Auditors may use the library facilities ts, or examinations from the auditor. An Credit will not be granted for auditing a status nor can a credit student change to responsibility for the academic progress ently enrolled students shall have priority
Student Name (	PLEASE Print Clearly)	7	Address	
City, State	Zip	- !	Phone Num	ber
Student Date of E	 3irth	-		n ID (If Applicable)
Student Signature		- !	Enrollment S	Services Staff Signature

<sup>\*\*</sup> This form must be submitted at the Enrollment Services Office. Upon payment, the auditor will receive a paid receipt. \*\*