Revised: 01/07/2016

## CLASS AUDIT BLINN COLLEGE

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

1.	Course Name	Course Number	Section	Approval Signature
2.				
3.				
4.				
5.				
6.				
attendance, written not change to credit assumes responsibil	igated to accept any papers, tests or examously work, and tests. Credit will not be granted to status nor can a credit student change the first for the academic progress of an audit	ed for auditing a course. Once to audit status after the seme	e a student ha ster has begur	s registered as an auditor, the student n n. Neither the instructor nor the college
<b>Bacterial Meni</b>	nall have first priority for auditing space. Ingitis Immunization* ation can be found at http://w	One hour classes may not be Yes No	audited.	
Bacterial Meni *More informa	ngitis Immunization*	One hour classes may not be Yes No	audited.	
Bacterial Meni *More informa	ngitis Immunization* ation can be found at http://w	One hour classes may not be Yes No www.blinn.edu/immu	audited.	
*More informa	ringitis Immunization* ation can be found at http://wation  (PLEASE Print Clearly)  Zip	One hour classes may not be Yes No www.blinn.edu/immun Address Phone N	audited.	tml

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