Admissions, Registration and Records
Campus Box 201
P.O. Box 173363
Denver, CO 80217-3363
Tel 303.556.2420
Fax 303.556.2431
www.ccd.edu
South Classroom 133

COMMUNITY COLLEGE OF DENVER

CLASS AUDIT FORM

Name _____ S _ _ _ _ _ _ _ _ _

Student ID Number

Address _____
Street Apt. #

_____
City State Zip

Phone ( ) _____ – _____ E-mail _____

CLASS AUDIT POLICY

Students may audit a class (take for no credit) at the regular tuition rate. The deadline for registering for audit is the census date of each class (see calendar for the specific term). An audit cannot change after this date. The grade of AU will appear on all official transcripts. The cost for auditing a course is based on regular tuition, no College Opportunity Stipend. **The College Opportunity Fund (COF) does not apply to audited courses. The course must be paid in full before an audit is processed.**

TERM ❑ SUMMER ❑ FALL ❑ SPRING YEAR: _____

TITLE OF CLASS	COURSE PREFIX	CREDIT

Signature _____ Date _____

Office Use Only

Received by _____ date_____
Processed by _____ date_____

revised: 6/08 expires 6/09