Office of Registration & Records
Confluence - Room 114
Campus Box 201
P.O. Box 173363
Denver, CO 80217
Fax: 303-556-2431
Phone: 303-556-2420
Email: ccd.orr@ccd.edu

COMMUNITY COLLEGE OF
DENVER

CLASS AUDIT

Student Name (print): _____

S#: _____ Phone#: _____

Email: _____@student.cccs.edu

Note: Your official CCD email account is the only email CCD will accept for correspondence.

I affirm that I have read, understand, and agree to this form in its entirety and that the information supplied is true and complete.

Student Signature: _____ Date: _____

      This form is to be completed in full and returned to Office of Registration & Records no later than the drop date (census) for your course(s). Forms submitted after the deadline will not be processed, and students will be subject to the grading policy as outlined in the course syllabus.

      Audited courses are not eligible for the College Opportunity Fund (COF) stipend and students are responsible for the full cost of the course. To avoid tuition charges and transcript notation, students must officially drop audited course(s) by the published census deadline.

      I understand that by auditing a course, I will participate in course activities but will not receive a formal letter-grade. Once the audit has been approved, I understand it cannot be reversed to a credited course. I further understand that the audit grade will not meet credit hour requirements for financial aid or veteran benefits and does not count toward certificate or degree programs at CCD. I am requesting an audit grade in the following courses:

Term (Check one):
☐Spring 20_____ ☐Summer 20_____ ☐Fall 20_____

Course ID (Prefix & Number): _____
Section: _____ CRN: _____ Credits: _____

Course ID (Prefix & Number): _____
Section: _____ CRN: _____ Credits: _____

Course ID (Prefix & Number): _____
Section: _____ CRN: _____ Credits: _____

Internal use only:

Received by: _____ Date: _____

Processed by: _____ Date: _____