



1033 SPRINGFIELD AVENUE, CRANFORD, NEW JERSEY 07016

CRANFORD CAMPUS
(908) 709-7000

ELIZABETH CAMPUS
(908) 965-6000

PLAINFIELD CAMPUS
(908) 412-3599

SCOTCH PLAINS CAMPUS
(908) 889-2483

AUDIT REQUEST

Auditing a course is a good way to review or obtain information on subjects without the pressure. Credits are not calculated. The final grade of "AU" is recorded on your academic records upon course completion.

Students must register and pay the posted course tuition and fees. Completed Audit Request forms must be submitted to the Registrar's Office no later than five days after the start of class. Students may or may not participate in all course activities. After the fifth pay period, students may not change from credit to audit and audit to credit.

PLEASE PRINT

STUDENT SS#/UCC IDENTIFICATION NUMBER: _____

NAME: _____
LAST *FIRST*

ADDRESS: _____

SEMESTER (list year/session): SPRING _____ SSI _____ SSII _____ FALL _____ WINTER _____

COURSE NUMBER AND SECTION: _____

DAY AND TIME: _____

INSTRUCTOR: _____

REASON FOR AUDIT: _____

DATE

STUDENT SIGNATURE

DATE

INSTRUCTOR'S SIGNATURE

Return the completed form to the Registrar's Office-Cranford Campus or fax to 908-709-7131.