



For Office Use Only
Entered by: _____

REQUEST TO AUDIT COURSES

Purpose:

1. Grant permission for a student to audit a course.

Process:

1. Student meets with **each** instructor to obtain permission.
2. Audit is approved by the Program Coordinator or Designate.
3. Student then proceeds to Registration Services to complete the audit request.

Note: There will be no refund for Auditing Courses.

Student Name _____

Student No. _____

Program(s) _____

Term/Academic Year _____

Date _____

Course Code	Instructor's Name	Instructor's signature

Coordinator/Designate Signature	Student Signature

*****IMPORTANT*******

Refer to the Academic Calendar for the drop/audit date in your student handbook or at www.confederationc.on.ca/registration/academicdates.