



Audit Request

Academic Records and Registrar Office
3201 W. 16th St Sedalia MO 65301
PH: 660-530-5829 * Fax: 660-596-7472
Email: add-drop@sfccmo.edu
Office Hours: Monday-Friday 8am-5pm

Student Information

Name: _____ SFCC Student ID or SSN: _____
Phone: _____ Term Fall Spring Summer Year: _____

Course Information

CRN	Course Subject/Number	Course Name

Reason for Requesting Audit

- Personal Interest
- Previously took this course and would like a content refresher
- Auditing before taking for a grade to apply to a certificate or degree
- Other

I understand that not all courses are eligible for audit. For a list of ineligible courses, contact the Academic Records and Registrar Office.

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Student Signature: _____ **Date:** _____

Approval Information

- Approve Do Not Approve

Dean or Division Chair Signature: _____ **Date:** _____

Office Use Only

Processed By: _____ Date: _____